

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Page 1 of 2

1996 DEC 18 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1996

mwb

DOCUMENT # P 94000088413

1. Corporation Name

V.P. ELDERLY CARE INC.

Principal Place of Business

2. Mailing Address

6690 W. 14 th ave.
Hialeah, Fla 33012

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 06 1994

5. FEI Number

65-053828-0

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
Pre Tre	SONIA MARQUEZ	2531 S. W. 117 ave	Miami, Fla 33175
V.Pre Sec.	REBECCA HERRERA	6232 W. 14 Ln.	Hialeah Fla 33012
			100002028791--7 -12/13/96--01056--023 *****35.00 *****35.00
			600002034056--2 -12/19/96--01078--001 *****340.00 *****340.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE DIAZ
380 W 41 st
Hialeah Fla 03012

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jose Diaz

REGISTERED AGENT MUST SIGN

Date

mwb

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Louie Marquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #