## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra BaMortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P95000011633

1. Corporation Name

SIGNATURE:

A.L. COMMUNITY HEALTH CARE INC.

Mailing Address SAME

FILED

97 AUG -7 PH 4: 16

SHOWELART OF STATE TALLAHASSEE, FLORIDA

7-29-97 (305)754-1331
Date Phone #

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		incorrect in any way, line thre	<del>-</del>			TOOLION DOISM:	EINS	TATEMEN	96-97	
New Principal Office Address, If Applicable     3. New				ailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For				
City & State			City & State				65-0554235 Not Applicable			
Zip Country			Zip Country				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Add	resses of Each Officer and/	or Director (Flo	ida nonprof			st 3 directors)			
Title(s)	itle(s)  Name of Officers and/or Directors 2			Street Address of Ea Officer and/or Direct 3 (Do NOT Use Post Office Box			iumbers)	City / State / Zip		
PRES	S ANTOINE LEVEILLE			20834 SAN SIMEON WAY -66 NORTH MIAMI BEAG				33179 II BEACH, FL.		
								-08/12/97-	49139 -01077005 0 ****415.00 4919-9 -01077006 0 *****500.00	
	<del></del>				· · · · · · · · · · · · · · · · · · ·				B	
8. Name and Address of Current Registered Agent						<b>V</b> ame	9. Name and	Address of New Registers	Agent	
ANTOINE LEVEILLE 20834 SAN SIMEON WAY-66 NORTH MIAMI BEACH, FL. 33179					Ĺ	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
70. I, being appointed the registered agent of the above named the registered agent of				0		City State Zip Code FL				
©. I, being Signature of Registered /	· · · · · · · · · · · · · · · · · · ·	registered agent of the above	Ju,	ation and fa	7/	nd accept the ob	ligations of Sec	Date _ 7-29-9	7	
11. Do De	es this c pt. of Re	orporation pay a	ny intang 199.032,	ible tax Florida	to the Statute	es. Yes[	☐ Nol	(See other on in	side for information tangible tax.)	
12. I certify t	that I am an of	ficer or director or the receiv	er or trustee em	powered to	execute this	application as pr	ovided for in ch	napter 607 or 617, F.S. I furth	ner certify that when filing	

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shalf flave the same legal effect as if made under oath.