PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 FEB -2 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012735

1. Corporation Name
NATIONAL HOME HEALTH CARE CORP.
7331 NW 66 ST.
MIAMI FLORIDA 33166
Principal Place of Business — Mailing Address

SAME

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 2/15/95

5. FEI Number: 65-0562690 ☐ 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
PRESIDENT	ERNESTO VILLANUEVA	3241 SW 67 AVE	MIAMI FLORIDA 33155
VICE PRESIDENT	MYRA RODRIGUEZ	5975 SW 137 AVE APT. 504	MIAMI FLORIDA 33183

000002763970--7
-02/03/99--01083--002
****900.00 ****900.00

8. Name and Address of Current Registered Agent

MYRA RODRIGUEZ
5975 SW 137 AVE #504
MIAMI FLORIDA 33183

9. Name and Address of New Registered Agent

Name: MYRA RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 5975 SW 137 AVE
Suite, Apt. #, etc: 504
City: MIAMI — State: FL — Zip Code: 33183

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: Myra Rodriguez — REGISTERED AGENT MUST SIGN — Date: 1-28-99

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: Myra Rodriguez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99 — Date

305 2796100 — Daytime Phone #