

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE NORTHAM State DIVISION OF CORPORATIONS

DOCUMENT # **90497 AR**
905000051370
 1. Corporation Name **True Home Care Inc.**

FILED

97 JUN 19 PM 12:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
195 S.W. 15th Rd. Suite 205
Miami, FL 33129

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6-30-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0592392	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P	Marilyn R. Caballero	1228 SW 3 Ave Apt 407	Miami, FL 33180
V	Dana M. Valdes	7872 SW 102 Lane	Miami, FL 33156
S	Blanca W. Gonzalez	561 S.W. 73 Ave	Miami, FL 33144

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 *****365.00 *****365.00

90-19-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Marilyn R. Caballero 1228 S.W. 3 Ave Apt 407 Miami, FL 33180		Name	
		Street Address (P.O. Box Number if Not Applicable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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 **m. R. Caballero** Date **6-18-97**
 REGISTERED AGENT MUST SIGN

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 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., that all fees 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 shall have the same legal effect as if made under oath.

SIGNATURE: **Dana M. Valdes** Date **6-18-97** Daytime Phone # **860-9422**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



TRUE HOME CARE, INC.

June 15, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314
Sandra B. Mortham
Secretary of State

Subject: True Home Health Care, Inc.
Ref. Number: P95000051370

Dear Ms. Brumbly,

Per my conversation with Mr. Sean Toner, I have enclosed the renewal fee along with this letter of explanation as requested. On June 11, 1997, I told Mr. Toner that my office did not receive the 1996 corporate annual report. He then advised me to send a letter to that affect along with the corporate report. Due to this oversight we would like to request reinstatement.

Please find enclosed two checks, one for \$8.75 for a Certificate of Good Standing, and one for \$365.00 for reinstatement.

Sincerely,

Dana Valdes
Dana Valdes
Vice President