PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -4 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060178

1. Corporation Name
Tele Care Nursing

Principal Place of Business
1205 SW 37th Ave
Miami, Fl 33135

Mailing Address
same

REINSTATEMENT 92-99 AR

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

2. New Principal Office Address, If Applicable
4311 Palm Ave
Suite, Apt. #, etc.
Suite 4
City & State
Hialeah, Fl
Zip 33012 Country USA

3. New Mailing Office Address, If Applicable
P.O. Box 129207
Suite, Apt. #, etc.
City & State
Hialeah Fl
Zip 33012 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
8/95

5. FEI Number
65-0599231
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X
$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Gladys Barreto	535 E. 13 St	Hialeah Fl 33010

000002801660--8
-03/10/99--01109--010
***1050.00 ***1050.00

000002801660--8
-03/10/99--01109--011
******8.75 ******8.75

8. Name and Address of Current Registered Agent
Gladys Barreto
535 E. 13 St
Hialeah Fl 33010

9. Name and Address of New Registered Agent
Name Gladys Barreto
Street Address (P.O. Box Number is Not Acceptable)
535 E. 13 St
Suite, Apt. #, Etc.
City Hialeah State FL Zip Code 33010

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 [signature] REGISTERED AGENT MUST SIGN
Date 3/27/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 Gladys Barreto [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99 305 887 2624
Date Daytime Phone #