

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

1997 MAY 19 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083099

1. Corporation Name

True Elderly Care, Inc.

Principal Place of Business

Mailing Address

9360 Sunset Drive
Suite 200
Miami, Florida 33173

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

300002187173--3
-05/21/97--01101--020
****923.75 ****923.75

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10-30-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0626296

Not Applicable

Zip

Country

Zip

Country

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	Paul A. Faria, Ph.D.	9360 Sunset Dr #200 Mia, Fl. 33173	
Secretary	Orlando J. Valdes, Ph.D.	9360 Sunset Dr. #200	Miami, Florida 33173

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Paul A. Faria, Ph.D.
Street Address (P.O. Box Number is Not Acceptable)
9360 Sunset Drive
Suite, Apt. #, Etc.
Suite 200
City
Miami
State
FL
Zip Code
33173

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

Paul A. Faria, Ph.D.
REGISTERED AGENT MUST SIGN

Date 5/7/97

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:

Paul A. Faria, Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/97 (305) 274-11
Date Daytime Phone #

CR2E040 (12/96)