PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 20 AM 10:44

DOCUMENT # P96000002508

1. Corporation Name
PEACE HOME CARE, INC

REINSTATEMENT 02-03
3/6/3 01050 008 #900.

2. Principal Office Address	3. Mailing Office Address
5040 N..W 197 STREET	5040 N.W. 197 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33055 Country: U.S.A.	Zip: 33055 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 01/09/1996

5. FEI Number: 65-0631301 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WARREN D. HODGSON

Street Address (P.O. Box Number is Not Acceptable): 40 N.W. 191 STREET

Suite, Apt. #, Etc.: N/A

City: MIAMI | State: FL | Zip Code: 33169

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 05/22/2003
REGISTERED AGENT MUST SIGN

CR2E051 (9/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ANA L. ABREU	5040 N.W. 197 STRET	MIAMI, FLORIDA 33055
D	ANA L. ABREU	5040 N.W. 197 STRET	MIAMI, FLORIDA 33055
M	ANA L. ABREU	5040 N.W. 197 STRET	MIAMI, FLORIDA 33055

10. I certify that I am an officer or director of 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: _____ ANA L. ABREU 05/22/03 305-621-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #