

B/508.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 49855

1. Corporation Name

ENGRACIA'S Retirement Home, Inc.

700025722317
12/23/03--01019--023 **500.00

2. Principal Office Address

10460 S.W 41TH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33165

Country

DADE

Zip

Country

REINSTATEMENT 98-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1996

5. FEI Number

65-0671286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RITA CARDOSO

Street Address (P.O. Box Number is Not Acceptable)

13371 S.W 34ST

Suite, Apt. #, Etc.

City

MI

State

FL

Zip Code

33175

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/08/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presi	RITA CARDOSO	13371 S.W 34ST	MI FL 33175
Secre	JULIO LAZARO ROMERO	10460 S.W 41TH	MI FL 33165

700025722317
12/23/03--01019--025 **500.00700025722317
12/23/03--01019--026 **8.75

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/08/03

Daytime Phone #