

12/3/03 01018 017 *1,650.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060779

1. Corporation Name

Care Center of Homestead, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 AM 8:00

REINSTATEMENT 97-03
med

2. Principal Office Address

125 NE 8th Street

3. Mailing Office Address

125 NE 8th Street

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Homestead, Fl.

City & State

Homestead, Fl.

4. Date Incorporated or Qualified
To Do Business in Florida

07-19-1996

5. FEI Number

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33030

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leonardo F. Brito

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

1001 Brickell Bay Drive Suite 1812

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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 12/16/03

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
D, P, S	David Molina	125 NE 8th Street Suite 1	Homestead, FL. 33030

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

12/16/03

Date

305-245-9222

Daytime Phone #

CR2E081 (10/02)