

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**FLORIDA DEPARTMENT OF STATE**  
**9/7/97**  
**Division of Corporations**

**FILED**

97 OCT 31 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P96000094005**

1. Corporation Name  
**BELAIRE CARE, INC.**

Principal Place of Business

**8100 NW 68 ST  
MIAMI FL 33166**

Mailing Address

**8100 NW 68 ST  
MIAMI FL 33166**



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

|  |                       |   |         |   |  |
|--|-----------------------|---|---------|---|--|
| 2. New Principal Office Address, If Applicable<br><b>7575 WEST FLAGLER ST.</b> |                       | 3. New Mailing Office Address, If Applicable<br><b>SAME</b> |         | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>11/13/1996</b>  |  |
| Suite, Apt. #, etc.<br><b>#205</b>   |                       | Suite, Apt. #, etc.   |         | 5. FEI Number<br><b>65-0705812</b>  |  |
| City & State<br><b>MIAMI FLORIDA</b>   |                       | City & State  |         | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/>  |  |
| Zip<br><b>33144</b>  | Country<br><b>USA</b> | Zip   | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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            |
|------------|-------------------------------------|---|---------------------------------|
| <b>D</b>   | <b>BEL, BEATRIZ M</b>               | <b>8100 NW 68 ST<br/>7575 WEST FLAGLER ST #205</b>                                    | <b>MIAMI FL 33166<br/>33144</b> |
|            |                                     |   |                                 |
|            |                                     |   |                                 |
|            |                                     |   |                                 |
|            |                                     |   |                                 |
|            |                                     |   |                                 |
|            |                                     |   |                                 |

8. Name and Address of Current Registered Agent

**BEL, BEATRIZ M  
8100 NW 68 ST  
MIAMI FL 33166**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7575 WEST FLAGLER STREET**  
Suite, Apt. #, Etc.  
**#205**  
City  
**MIAMI**  
State  
**FL**  
Zip Code  
**33144**

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 **Beatriz M. Bel**  
REGISTERED AGENT MUST SIGN

Date **10/29/97**

11. This corporation owes or has paid 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: **Beatriz M. Bel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/97 (305) 266-0700**  
Date Daytime Phone #

CR2E040 (8/97)

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**BELAIRE CARE, INC.  
7575 WEST FLAGLER STREET  
SUITE #205  
MIAMI, FLORIDA 33144  
(305) 266-0700**

October 28, 1997

State of Florida  
Division of Corporations  
Po Box 6327  
Tallahassee, Florida 32314-6327

Re: Annual Report/Reinstatement Section

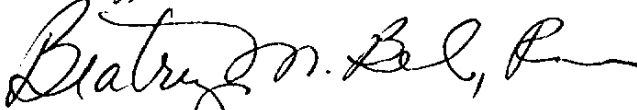
Dear Sirs/Madam:

As per our telephone conversation of yesterday with Amy from your office, we would like to offer an explanation as to why the annual report for our corporation was not filed.

As previously stated, we received the renewal forms for two of our other corporations, Elite Home Care, Inc. and Sonoma, Inc. Those two were filed on time as per the instructions on the forms received. We did not receive a form for Belaire. We were not aware that we are responsible for filing, even if we do not receive a filing form.

Please be assured that in the future, this will not happen again. We are aware now of our responsibilities. If additional information should be necessary, please do not hesitate to contact our office.

Sincerely,



Beatriz M Bel, RN  
President

BMB/ed

encl.