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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P97000039468**

**CARE BUSINESS SERVICES CORPORATION**  
**805 S. Bay Shore Drive**  
**Miami, Florida 33129**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Address is different from mailing address, enter

Address

City and State

Zip Code

4. Date Incorporated or Qualified  
To Do Business in Florida  
**05/02/97**

5. FEI Number

**per Judith 3-23-99**  
**105-0752014**

FEI Number Applied For

FEI Number Not Applicable

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

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
PD	Cure, Carlos	805 S. Bay Shore Drive	Miami, Florida 33129
VD	De Almeida, Renato Paula	805 S. Bay Shore Drive	Miami, Florida 33129

**300002824033-5**  
**-03/31/99 -01004-019**  
**\*\*\*2700.00 \*\*\*900.00**

## REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

**Miguel A. Martin, Esq.**

Street Address (Do NOT Use P.O. Box Number)

**M. A. Martin & Associates, P.A.**

Street Address (Do NOT Use P.O. Box Number)

**848 Brickell Avenue, Suite 830**

City

**Miami**

State

**FL.**

Zip

**33131**

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

REGISTERED AGENT MUST SIGN

Date

**3/16/99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

Date

**3/16/99**

Daytime Phone

**(305) 374 4422**

Typed or printed name of signing officer or director

CP21040 (8-92)