


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

04 NOV -2 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| 2004 ANNUAL REPORT DOCUMENT # P97000039643 | |
| 1. Corporation Name Care Family Center, Inc. | |
| 2. Principal Office Address 1785 E 4 Ave. Suite, Apt. #, etc. City & State Hialeah, Florida Zip Country 33010 U.S. | 3. Mailing Office Address 11881 SW 35 Terr Suite, Apt. #, etc. City & State Miami, Florida Zip Country 33175 U.S. |

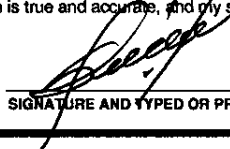
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|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 03/12/04 90031 048 | |
| 5. FEI Number 65-0749770 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

\$150.00

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 7. Name and Address of Current Registered Agent Name Salvador Fernandez Street Address (P.O. Box Number is Not Acceptable) 11881 SW 35 Terr Suite, Apt. #, Etc. City Miami | | 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 <u>10-22-2004</u> 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 |
| P | Salvador Fernandez | 11881 SW 35 Terr MIAMI FL 33175 | MIAMI, FL. 33175 |
| VP | odalys Hernandez | 11881 SW 35 Terr | MIAMI, FL. 33175 |
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| 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 | Salvador Fernandez Date 10/22/04 | 305- 882-0883 Daytime Phone # |

CR2E081 (01/04)

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CARE FAMILY CENTER
1785 EAST 4 AVE
HIALEAH, FLORIDA 33010
305-882-883 FAX: 305-882-0944

October 22, 2004

ATT: Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

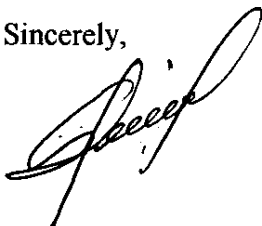
To Whom It May Concern:

This letter is in reference to the For-Profit Corporation: Care Family Center, INC., which holds a document number of P97000039643. This corporation had been declared inactive because we did not receive a response from your in regards to the annual report.

I contact your department and they told me to fill out a corporation reinstatement form. You will also find attached a copy of the cancelled check drawn by your bank.

If there is anything else I should do, please do not hesitate to contact me. Thank you.

Sincerely,



Salvador Fernandez
Care Family Center, President