

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p><b>FLORIDA DEPARTMENT OF STATE</b></p> <p><b>Katharine Harris</b> Secretary of State</p> <p><b>DIVISION OF CORPORATIONS</b></p>		<p>93 JUN -7 AM 11:46</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p><b>700002907177--9</b> -06/17/99--01017--003 ****300.00 ****300.00</p>																																	
<p><b>DOCUMENT #</b> P970000091126</p>																																			
<p>1. Corporation Name A-R Home Health Care, Inc 9745 SW 72 Street Suite #112E Miami FL 33173</p>																																			
<p>Principal Place of Business 9745 SW 72 Street Suite #112E Miami FL 33173</p>		<p>Mailing Address</p>																																	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																			
<p>2. New Principal Office Address, If Applicable 9745 SW 72 Street Suite, Apt. #, etc. 112E City &amp; State MIAMI FL Zip 33173 Country USA.</p>		<p>3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City &amp; State Zip Country</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida October 22, 1997</p>		<p>5. FEI Number 65-0810783 Applied For Not Applicable</p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																			
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1. Title(s)</th> <th style="width:30%;">2. Name of Officers and/or Directors</th> <th style="width:30%;">3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">4. City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Ricardo Mulet</td> <td>11015 SW 152 ST MIAMI FL 33157</td> <td>MIAMI FL 33157</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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	President	Ricardo Mulet	11015 SW 152 ST MIAMI FL 33157	MIAMI FL 33157																								
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<p>8. Name and Address of Current Registered Agent Roxanne Angelica 9350 SW 64th St Miami, FL 33173</p>		<p>9. Name and Address of New Registered Agent Name: Roxanne Angelica Street Address (P.O. Box Number is Not Acceptable): 9350 SW 64th St Suite, Apt. #, Etc.: Miami City: Miami State: FL Zip Code: 33173</p>																																	
<p>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.</p> <p>Signature of Registered Agent: <i>R Angelica</i> REGISTERED AGENT MUST SIGN Date: 3/27/99</p>																																			
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>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.</p>																																			
<p><b>SIGNATURE:</b> Ricardo Mulet- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date: 305-992-7885 Daytime Phone #02. 305 279-1981</p>																																	

CR2E081 (12/98)

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**A & R Home Health Care, Inc.**

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9745 SW 72<sup>nd</sup> Street Suite #112-E

Miami, FL 33173

Phone: (305) 279-1981

Fax: (305) 279-1418

February 23, 1999

DIVISION OF CORPORATION  
PO Box 6327  
Tallahassee, FL 32314

Re: Reinstatement

Dear Y. Fisher:

This letter is a formal request to please waive the late fees and reinstate A & R Home Health Care, Inc., due to the fact that the annual report was never received at the address originally provided to the Department of Corporation. We have since moved to the address mentioned above. We have had problems with the Post Office in forwarding our mail. We move to this new location at the end of February (attached is the Occupational License with the date provided).

Enclosed you will also find the application for reinstatement since the original was sent to the incorrect address and the yearly fee of \$150.00.

If you have any questions, please contact our office at the above-mentioned address.

Sincerely,

Ricardo Muler, President

