

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 15 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 99 00000 1637.*

1. Corporation Name

JUMEROLIS HOME CARE CORPORATION

2. Principal Office Address

956 SW 143rd Place

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

USA

3. Mailing Office Address

956 SW 143rd Place

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/07/99

5. FEI Number

65-0885151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LISSETTE FONSECA

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

956 SW 143rd Place

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

01/15/02

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
<i>PTD</i>	<i>FONSECA, LISSETTE</i>	<i>956 SW 143 Place</i>	<i>MIAMI FL 33184</i>
<i>SVD</i>	<i>DE DIOS CEPEDA, JUAN</i>	<i>956 SW 143 Place</i>	<i>MIAMI FL 33184</i>

REINSTATEMENT 01-02 TS

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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/15/02 (305) 490-9395

Daytime Phone #