

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 16 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003572

1. Corporation Name

NEWPORT HOME CARE, INC.

Principal Place of Business

2811 CLEVELAND STREET  
HOLLYWOOD FL 33020

Mailing Address

2811 CLEVELAND STREET  
HOLLYWOOD FL 33020

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1999

5. FEI Number

65-0888276

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	WARD, PAMELA	2811 CLEVELAND STREET	HOLLYWOOD FL 33020
			600003568376--6 -01/24/01--01002--025 ****150.00 ****150.00
			600003568376--6 -01/24/01--01002--025 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

PAMELA WARD

12/5/00

954 450-9011

NEWPORT HOME CARE, INC.  
2811 Cleveland St.  
Hollywood FL 33020

December 5 2000

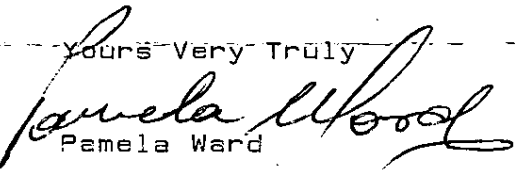
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

I am in receipt of an Application For Reinstatement with respect to the above name Corporation, due to the none filing of a Corporation Annual Report/Uniform Business Report. Further I have not received any notice of forms for 2000 Annual Report/Uniform Business Report prior to this notice.

In fact, the Corporation has not started operating due to none receipt of certain permits.

Enclosed is a check in the amount of One hundred fifty dollars, being original filing fees.

Yours Very Truly

  
Pamela Ward

President.