

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # P99000022081

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1. Corporation Name

SCHEKINA HOMECARE SERVICES, INC.

Principal Place of Business

2500 EAST HALLANDALE BEACH BLVD. #407A & B Suite #400 HALLANDALE FL 33009

Mailing Address

2500 EAST HALLANDALE BEACH BLVD. #407A & B Suite #400 HALLANDALE FL 33009



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

2500 E Hallandale

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

BLVD #400

City & State

Hallandale FLA

4. Date Incorporated or Qualified To Do Business in Florida

03/10/1999

5. FEI Number

65-0903554

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include DESAMOURS, ANIVENS, DESAMOURS, RITCHELLE, PIERRE, SAINTINA.

900003482189--3 -11/30/00--01105--023 ****700.00 ****688.75

8. Name and Address of Current Registered Agent

DESAMOURS, ANIVENS 2500 EAST HALLANDALE BEACH BLVD. #407 A & B HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name, Street Address (P.O. Box Numbers Not Acceptable), Suite, Apt. #, Etc., City, State, Zip Code. Includes address 900003482189--3.

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 of Anivens Desamours with 'REQUIRED' stamp and 'REGISTERED AGENT MUST SIGN' text.

Date 11-08-00

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.

AD

SIGNATURE: ANIVENS RITCHELLE DESAMOURS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-08-00 Daytime Phone # 4:00 PM