

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.

#400

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DESAMOURS, ANIVENS	2500 EAST HALLANDALE BEACH BLVD.	HALLANDALE FL 33009
D	DESAMOURS, RITCHELLE	2500 EAST HALLANDALE BEACH BLVD.	HALLANDALE FL 33009
D	PIERRE, SAINTINA	2500 EAST HALLANDALE BEACH BLVD.	HALLANDALE FL 33009
			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

FL

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
REQUIRED
REGISTERED AGENT MUST SIGN

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

Daytime Phone #

11-08-00 4:00 PM