


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000064498**

1. Corporation Name

TERESITA HOME CARE, INC.

Principal Place of Business

Mailing Address

**4840 SW 89 PLACE
MIAMI FL 33165**

**4840 SW 89 PLACE
MIAMI FL 33165**

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

07/20/1999

5. FEI Number

65-0956758

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
P	LEON, TERESITA	4840 SW 89TH PLACE	MIAMI FL 33165

100004685041-7
-11/16/01--01046--009
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LEON, TERESITA C
4840 SW 89 PLACE
MIAMI FL 33165**

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.

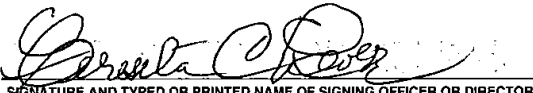
Signature of
Registered Agent

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 #

10-26-01. (30) 2719156

CR2E040 (8/01)

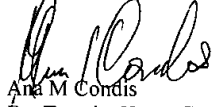
October 26, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please enclosed you will find a check in the amount of \$150.00 dollars due to the fact that this is the first report my client gets to paid his annual report I do not believe that she should paid a penalty hoping that you will waive the penalty I remain.

Sincerely Yours,



Ann M Condis
For Teresita Home Care, Inc.
P99000064498