

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -7 AM 11:35

DOCUMENT # P99 0000 98955
1. Corporation Name
CORAL PARK SENIOR CARE, INC

REINSTATEMENT 00-04

2. Principal Office Address <u>9640 SW 10 TERR</u>		3. Mailing Office Address <u>9640 SW 10 TERR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33165</u>	Country <u>USA</u>	Zip <u>33165</u>	Country <u>USA</u>

300039085989
07/14/04--01010--011 **1350.00

4. Date Incorporated or Qualified To Do Business in Florida <u>11-10-99</u>
5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <u>CELSA C. ALVAREZ</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>3719 SW 133 CT</u>		
Suite, Apt. #, Etc.		
City <u>MIAMI</u>	State <u>FL</u>	Zip Code <u>33175</u>

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] Date 6/25/04

REGISTERED AGENT MUST SIGN

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
<u>PVSTD</u>	<u>CELSA C. ALVAREZ</u>	<u>3719 SW 133 CT</u>	<u>MIAMI, FL 33175</u>

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)(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] CELSA C. ALVAREZ, PRESIDENT
Date 305-710-4543
Daytime Phone #

CR2E081 (01/04)