PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 17 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S14834

00-06

CR2E081 (8/05)

1. Corporation Name
MERLYS Home Health Care, Inc.
7216 SW 8st #2
Miami FL 33144

2. Principal Office Address	3. Mailing Office Address
7216 SW 8St	SAME
Suite, Apt. #, etc.: #2	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip: 33144 Country: USA	Zip: Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-21-1990

5. FEI Number: 650227955 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LAZARO HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 5874 SW 4 St
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33144

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: _____ Date: _____
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
P	Sandra Alvarez	5874 SW 4St	Miami FL 33144
VP	LAZARO HERNANDEZ	5874 SW 4St	Miami FL 33144

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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: _____ 10-11-06 (786) 260-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #