

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **588288**

1. Corporation Name  
**LAS MERCEDOUS Home CARE, CORP**

**FILED**

97 MAR 20 AM 11:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**1790 W 49 ST  
 SUITE 400-11  
 Hialeah FL  
 33012**

Mailing Address  
**1790 W 49 ST  
 SUITE 400-11  
 Hialeah FL  
 33012**

**REINSTATEMENT** 96+97

mwb

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

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**65-0293211**

Applied For  
 Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

Zip Country

Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	PEREZ HERNANDEZ, MARYSEL	701 W 30 ST	Hialeah FL 33012
V/D	Sigler, Maria dela C.	4365 W 1 <sup>st</sup> ave	Hialeah, FL 33012

980002122479--8  
 -03/24/97--01189--008  
 \*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

**MARYSEL Perez Hernandez  
 1790 W 49 ST # 400-11  
 Hialeah FL 33012**

9. Name and Address of New Registered Agent

Name  
**MARYSEL Perez Hernandez**  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
**1790 W 49 ST # 400-11**  
 City  
**Hialeah** State **FL** Zip Code **33012**

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  
  
 REGISTERED AGENT MUST SIGN

Date **3/14/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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

**3/14/97**  
 Date

**805-825-0990**  
 Daytime Phone #

CR2E040 (12/96)