

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
97 SEP -2 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V10545**

1. Corporation Name
EXPRESS HOME CARE SERVICES, INC.
9500 NW 77 AVENUE #D2
HIALEAH GARDENS, FL. 33016
Principal Place of Business Mailing Address
9500 NW 77 AVENUE #D2 **SAME AS ABOVE**
HIALEAH GARDENS, FL. 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 9500 NW 77 AVE #D2 Suite, Apt. #, etc. #D2		3. New Mailing Office Address, If Applicable 9500 NW 77 AVE #D2 Suite, Apt. #, etc. #D2		4. Date Incorporated or Qualified To Do Business in Florida 1/92	
City & State Hialeah, FL		City & State Hialeah, FL		5. FEI Number 65-0308479	
Zip 33016		Zip 33016		Applied For Not Applicable	
Country Dade		Country Dade		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
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
ADM	Nyria Nunez	11755 SW 18 ST #403	Miami FL. 33175
			700002285067--4 09/04/97 01090 013 ***915.00 ***915.00
			REINSTATEMENT 96-97
			30 9-3-97

8. Name and Address of Current Registered Agent Nyria Nunez 11755 SW 18 ST #403 Miami FL. 33175		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 *Nyria Nunez* REGISTERED AGENT MUST SIGN Date **8-6/97**

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)(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: *Nyria Nunez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **8-6/97** Daytime Phone #

CR2E040 (12/96)