

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

96 NOV 25 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V31947**

1. Corporation Name  
**Maximum Home Care of Miami Inc.**  
**6001 N.W. 153<sup>rd</sup> St #F**  
**MIAMI Lakes, Fla 33014.**

Principal Place of Business Mailing Address  
**6001 N.W. 153<sup>rd</sup> St #F 6001 N.W. 153<sup>rd</sup> St #F**  
**MIAMI Lakes, Fla 33014 MIAMI Lakes, Fla 33014**

**REINSTATEMENT** *96*

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

2. New Principal Office Address, if Applicable  
**above**

3. New Mailing Address, if Applicable  
**6001 N.W. 153<sup>rd</sup> St #F**

Suite, Apt. #, etc. **F** Suite, Apt. #, etc. **F**

City & State **MIAMI Lakes, Fla** City & State **MIAMI Lakes, Fla**

Zip **33014** Country **USA** Zip **33014** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**5/06/92**

5. FEI Number  
**650332230**

6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
pres	Manuel Moniz	4520 S.W. 89 <sup>th</sup> Ave	miami, Fla 33165

100002017031--1  
-12/02/96--01028--011  
\*\*\*\*383.75 \*\*\*\*383.75

*0611-25-96*

8. Name and Address of Current Registered Agent

**Militza Moniz**  
**4520 S.W. 89<sup>th</sup> Ave**  
**Miami, Fla 33165**

9. Name and Address of Now Registered Agent

Name **Manuel Moniz**  
Street Address (P.O. Box Number is Not Acceptable) **4520 S.W. 89<sup>th</sup> Ave**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33165**

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 *[Signature]* Date **11-10-96**

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* Date **11-10-96** 305 822-1237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #