PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FILED FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JUN 16 AM 10: 38 **DOCUMENT #** SECRETALLY OF STATE TALLAHASSEE, FLORIDA Professional Care DME, Corp 1. Corporation Name Mailing Address Principal Place of Business 11 4750 NW 7 St. Suite 2 Miami, F1 33126 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Malling Office Address, If Applicable 4750 NW 751
Suite, Apt. #, etc. Date Incorporated or Qualified
 To Do Business in Florida
 10 - 01 - 9.2 2. New Principal Office Address, If Applicable 4750 nw Applied For 5. FEI Number Not Applicable Miami \$6.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 🗖 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Miami Pres. Irene R. Otano 580 SW SU AVC 9 00000221 -06/18/97-1 ****923.75 ****923.75 REINSTATEMENT_ 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Cynthia Rodrig162 580 SW 56 AVE miami, F1 33134 miami 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 Cythola Rodugus
REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) Yes L Nol 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. BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DA