

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

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REINSTATEMENT 00

DOCUMENT # 401614  
 1. Corporation Name  
 Visiting Homemaker Service of Broward County, Inc.

Principal Place of Business Mailing Address  
 3570 Keith Street, NW Same  
 Cleveland, TN 37312

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  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/16/72  
 5. FEI Number 59-1439214 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$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)

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
D/P	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
D/VP/T	J. Michael Waddell	3570 Keith Street, NW	Cleveland, TN 37312
VP/S	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
AS	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
AS	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312

8. Name and Address of Current Registered Agent  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

9. Name and Address of New Registered Agent  
 Name N/A  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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 Mary R. Adams MARY R. ADAMS REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY Date 12/21/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Joan E. Thurmond 11/28/00 (423) 473-5868  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Joan E. Thurmond, Assistant Secretary

CR2E081 (12/98)