

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 14 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004069

1. Corporation Name
Lifeline Health Care of Northeast, Florida, Inc.

400003335534--4
-07/25/00--01077--024
****908.75 ****908.75

2. Principal Office Address

710 94th Avenue

Suite, Apt. #, etc.

Suite 304

City & State

St. Petersburg, FL

Zip

33702

Country

U.S.

3. Mailing Office Address

600 Clifty Street

Suite, Apt. #, etc.

City & State

Somerset, KY

Zip

42503

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

8-22-95

5. FEI Number

59-35634444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT 99-00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

July 14, 2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	James T. Wilson	600 Clifty Street	Somerset, KY 42503
V/S	James M. Frazer	600 Clifty Street	Somerset, KY 42503
T	Steward A. Framer	600 Clifty Street	Somerset, KY 42503

10. 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:

Steward A. Framer

Steward A. Framer

7-13-00

Date

(606) 679-4100

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)