

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

99 JAN 19 PM 4: 03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # H23434

1. Corporation Name  
 ServeCare Home Health Services, Inc.

Principal Place of Business Mailing Address  
 4741 Atlantic Blvd. One ServiceMaster Way  
 Suite A-2 Downers Grove, IL 60515  
 Jacksonville, FL 32207

REINSTATEMENT

98-99  
 1/19/99

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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
 10-1-84

5. FEI Number  
 59-2449868  
 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)

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
P	Andrew D. Bratzel	One ServiceMaster Way	Downers Grove, IL 60515
V	Kathleen Black	One ServiceMaster Way	Downers Grove, IL 60515
S	Douglas W. Colber	One ServiceMaster Way	Downers Grove, IL 60515
T	Steve Lemke	One ServiceMaster Way	Downers Grove, IL 60515
D	Andrew D. Bratzel	One ServiceMaster Way	Downers Grove, IL 60515
ND	Kathleen Black	One ServiceMaster Way	Downers Grove, IL 60515

8. Name and Address of Current Registered Agent  
 Bruce A. Barber  
 4741 Atlantic Blvd., Suite A-2  
 Jacksonville, FL 32207  
 700002750907-7  
 01/22/99-01009-006  
 \*\*\*\$300.00 \*\*\*\$300.00

9. Name and Address of New 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

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 REGISTERED AGENT MUST SIGN  
 Date 1-18-99

11. This corporation owes or has paid 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)(f), 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: Andrew D. Bratzel 1/15/99 630/271-1300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR6040 (1/98)