

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 JAN 14 PM 2:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L42703

1. Corporation Name

Nurse-On-Call of South Florida, Inc.

Principal Place of Business

Mailing Address

2400 South Federal Hwy.
 Suite 400
 Stuart, Florida 34994
 US

2400 South Federal Hwy.
 Suite 400
 Stuart, Florida 34994
 US

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

000002406460--2
 -01/21/98--01044--011
 ****750.00 ****750.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/10/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0174227

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Taft, Phyllis	834 Lantana Road	Lantana, Fl.
VP	Taft, Raymon	377 SE Southwood Tr	Stuart, Fl.
ST	Chipman, Cindy	240 SE Tressler Dr.	Stuart, Fl.
T	Butera, Arthur J.	3858 Woods Walk Blvd.	Lake Worth, Fl. 33467

REINSTATEMENT 01/14/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Menkhaus, David J.
 Moore & Menkhaus, P.A.
 4800 North Federal Highway
 Suite 210 A
 Boca Raton, Florida 33431-5176

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Arthur J. Butera

REGISTERED AGENT MUST SIGN

Date 01/12/98

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 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:

Arthur J. Butera ARTHUR J. BUTERA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/98
 Date

Daytime Phone #

CR2E040 (12/96)