1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 15 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000020458

1. Corporation Name
Jacobs Home Care Service Inc

2. Principal Office Address	**3.** Mailing Office Address
7029 Flint Dr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa fl	City & State
Zip: 33619 Country: USA	Zip Country

REINSTATEMENT 13-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 58257 5054 ☐ 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: Samantha Brown

Street Address (P.O. Box Number is Not Acceptable): 7029 Flint Dr

500041911066
10/15/04--01102--005 **300.00

Suite, Apt. #, Etc.

City: Tampa fl 33619 State: FL Zip Code:

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: Samantha Brown Date: 10-11 04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres	Samantha Brown	7029 Flint Dr	Tampa fl 33619
T	Samantha Brown	"	"
S	Samantha Brown	"	"
M	Samantha Brown	"	"
			"

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: Samantha Brown 10-12-04 813 626-0648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6

2052

Jacobs Homecare Services

7029 Flint Drive Tampa Fl, 33619 813-871-1532 fax 813-871-1014

October 12, 2004

Florida Department of State

RE: Reinstatement Wavier

To Whom It May Concern:

This letter is to inform you of our change of residence from 1946 W. Dr. MLK Jr Blvd to 7029 flint drive. Because of this change we did not receive Jacobs Homecare reinstatement information, we are asking if you could please wave our fees for 2003 and 2004. We thank you so much in advance, and would be prepared for 2005 reinstatement fees for Jacobs Homecare Services Inc.

Thanks again,

Samantha Brown

Samantha Brown (President)