

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 10 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033633

1. Corporation Name

JUST LIKE HOME, INC.

Principal Place of Business

3655 CORTEZ RD W
STE 110
BRADENTON FL 34210
US

Mailing Address

3655 CORTEZ RD W
STE 110
BRADENTON FL 34210
US

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

05/04/1994

5. FEI Number

65-0568234

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	LEVITAN, DANIEL	3655 CORTEZ RD W STE 110	BRADENTON FL 34210
P	GALLAHAN, DARRYL	2855 CORTEZ RD W STE 110	BRADENTON FL 34210
SVO S	GONRAD, BETTY A Conard,	3655 CORTEZ RD W STE 110	BRADENTON FL 34210
ceoc	Lohr, Robert C.	3655 Cortez Rd W STE 110	Bradenton, FL 34210
			100003099181--3 -01/14/00--01072--024 ****758.75 ****758.75 JLS

8. Name and Address of Current Registered Agent

LUZIER, THOMAS B
2440 N. TAMiami TRAIL
NOKOMIS FL 34275

9. Name and Address of New Registered Agent

Name	Johnson III, Charles F		
Street Address (P.O. Box Number is Not Acceptable)	802 11th Street West		
Suite, Apt. #, Etc.			
City	Bradenton	State	FL
		Zip Code	34205

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 1/4/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/99 462-653-1041

Daytime Phone #

CR2E040 (8/99)