

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PP4000042541

1. Corporation Name

Nurses On Call, Inc.

2. Principal Office Address

6702 Plantation Rd.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32504

Country

Escambia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 8, 1994

5. FEI Number

593253094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

Ann Keiek

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

6702 Plantation Rd.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

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

Ann Keiek

Date

10/21/04

REGISTERED AGENT MUST SIGN

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 | Ann Keiek | 7217 Twin Lakes Ln. | Pensacola, FL 32504 |
| VPres | Laura Wortuylake | Bayshore Dr. | Milton, FL 32570 |
| Sec | Peter Keiek | 7217 Twin Lakes Ln. | Pensacola, FL 32504 |
| DoM | Carol Cobb | 7216 Twin Lakes Ln. | Pensacola, FL 32504 |
| | | | |
| | | | |

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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:

Ann Keiek

Ann Keiek

10/21/04

8504749823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)