

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 23 PM 3:41

DOCUMENT # **P97000101724**
 1. Corporation Name
GUARDIAN ANGEL HOME HEALTH CARE, INC.

Principal Place of Business Mailing Address
 9853 N. TAMiami TRAIL SUITE 202 NAPLES FL 34108 US
 9853 N. TAMiami TRAIL SUITE 202 NAPLES FL 34108 US



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable
GUARDIAN ANGEL HOME HEALTH
 Suite, Apt. #, etc. **24840 BURNT PINE # 2**
 City & State **BONITA SPRINGS, FL**
 Zip **34134** Country **USA**

3. New Mailing Office Address, If Applicable
GUARDIAN ANGEL HOME HEALTH
 Suite, Apt. #, etc. **24840 BURNT PINE DR# 2**
 City & State **BONITA SPRINGS, FL**
 Zip **34134** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida **11/28/1997**
 5. FEI Number **65-0800633**
 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
D	BOGGS-STUMPF, JESSICA R	61424 PRINCIPIA DRIVE 20 CRESTWOOD CIRCLE S	FORT MYERS FL 33919 LEHIGH, FL. 33936
D	STUMPF, KATHLEEN	17240-4 TERRAVERDE CIRCLE	FORT MYERS FL 33908
			800003455388-5 -11/07/00--01074--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent
KING, KENNETH GORDON
 720 ORCHID DRIVE
 NAPLES FL 34102

9. Name and Address of New Registered Agent
 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 *Jessica Boggs Stumpf* REGISTERED AGENT MUST SIGN Date 10/18/00

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: *Jessica Boggs Stumpf* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/18/00 941-495-3640 Daytime Phone #

CR2E040 (8/00)