

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

DOCUMENT # **P98000089643**

00 OCT 20 PM 1:01

1. Corporation Name

TLC BEST HOME CARE SERVICES, INC.

Principal Place of Business

Mailing Address

107 GREELY LOOP
DAVENPORT FL 33837

7862 W IRLO BRONSON HWY
#233
KISSIMMEE FL 34774



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

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3561192

Applied For

Not Applicable

City & State

City & State

P.O. Box 135665
CLERMONT, FL

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DSTP	BROWN, JAMES M	107 GREELY LOOP	DAVENPORT FL 33837
			000003449160--5 -11/02/00--01081--005 ****750.00 ****750.00

PR 10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, JAMES M
107 GREELY LOOP
DAVENPORT FL 33837

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

James M. Brown REGISTERED AGENT MUST SIGN

Date

10/19/00

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:

Resident James M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M BROWN

10/19/00

Date

Daytime Phone #