

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 19 PM 4: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H23434

1. Corporation Name

ServeCare Home Health Services, Inc.

Principal Place of Business

Mailing Address

4741 Atlantic Blvd.  
Suite A-2  
Jacksonville, FL 32207

One ServiceMaster Way  
Downers Grove, IL 60515

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida  
10-1-84

5. FEI Number

59-2449868

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Andrew D. Bratzel	One ServiceMaster Way	Downers Grove, IL 60515
V	Kathleen Black	One ServiceMaster Way	Downers Grove, IL 60515
S	Douglas W. Colber	One ServiceMaster Way	Downers Grove, IL 60515
T	Steve Lemke	One ServiceMaster Way	Downers Grove, IL 60515
D	Andrew D. Bratzel	One ServiceMaster Way	Downers Grove, IL 60515
ND	Kathleen Black	One ServiceMaster Way	Downers Grove, IL 60515

8. Name and Address of Current Registered Agent

Bruce A. Barber  
4741 Atlantic Blvd., Suite A-2  
Jacksonville, FL 32207

9. Name and Address of New Registered Agent

Name  
C T Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 1-18-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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]*, Andrew D. Bratzel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99  
Date

630/271-1300  
Daytime Phone #

CR2E040 (1/93)