

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F00000001464

1. Corporation Name

VITAS HME SOLUTIONS, INC.

Principal Place of Business

100 SOUTH BISCAYNE BLVD.
MIAMI FL 33131
Attn: Legal Dept.

Mailing Address

100 SOUTH BISCAYNE BLVD.
MIAMI FL 33131
Attn: Legal Dept.

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

03/17/2000

5. FEI Number

65-0989593

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	WESTBROOK, HUGH A	100 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
V	LAW, DEIRDRE	100 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
VST	WESTER, DAVID A	100 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
V	PETTIT, PEGGY	100 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
VS	CLARK, ROBERT del Castillo, Barbara	100 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
D	WILLIAMS, J R M.D.	100 SOUTH BISCAYNE BLVD.	MIAMI FL 33131

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700004685927-1
-11/16/01--01085--009
***758 585 758.75
FL

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 of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10/16/01

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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/01 305/350-6921