

# APPLICATION FOR REINSTATEMENT



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

FILED  
DIVISION OF STATE  
OF CORPORATIONS

00 DEC 27 PM 3:31

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-01/05/01--01020--016  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 00

DOCUMENT # 401614

1. Corporation Name

Visiting Homemaker Service of Broward County, Inc.

Principal Place of Business

3570 Keith Street, NW  
Cleveland, TN 37312

Mailing Address

Same

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

5/16/72

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1439214

Applied For

Not Applicable

City & State

City & State

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
D/P	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
D/VP/T	J. Michael Waddell	3570 Keith Street, NW	Cleveland, TN 37312
VP/S	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
AS	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
AS	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

N/A

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

*Mary R. Adams*

MARY R. ADAMS

ASSISTANT SECRETARY

Date

12/21/00

11. This corporation owes 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan E. Thurmond, Assistant Secretary

11/28/00 (423) 473-5868

Date

Daytime Phone #

CR2001 (12/98)