

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 19 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

494505

1. Corporation Name

Interim Healthcare of North
Central Florida, Inc.

2. Principal Office Address

32644 Blossom Lane

3. Mailing Office Address

32644 Blossom Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34788

Country

USA

Zip

34788

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 1989

5. FEI Number

59-1669704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edward F. Bixby, Jr.

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

32644 Blossom Lane

Suite, Apt. #, Etc.

City

Leesburg

State
FL

Zip Code

34788

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Edward F. Bixby, Jr.	32644 Blossom Lane	Leesburg, FL 34788

10. 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

4/11/02

Date

326.3800

Daytime Phone #

js 4/26/02