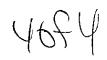
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1044

	RPORATION ISTATEMENT		S	DEPARTME Secretary or S	State	E		PIL 02-AUG 23	ED	and Mills	43
DOCUMENT # 568516 1. Corporation Name Task Management Co., INC.							T,	SECRETARY ALEAHASSE	OF STA E, FLORI	02; [[] [DA]	6
2. Principa 1003 Suite, Apt. City & State Fla Zip 327	t, etc.	lace	3. Mailing Of La 1 Ala Suite, Apt. #, 2 City & State OVICO Zip 3 7 16	etc. () 4	boods B	4. Date 70 [Number	or Qualified in Florida 40 4	59.75 Addit for a Cert	Applied For Not Applicable const Fee require	eď
7. Name and Address of Current Registered Agent Name 17 (2011 A 14 A 20) 8000075390783											
City A O VI C O O O O O O O O O O O O O O O O O O										3 <u>4-</u> -007	0
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 Date 8-6-08 REGISTERED AGENT MUST SIGN											
9. Names	and Street Addresses	• • • • • • • • • • • • • • • • • • • •	or Director (Flor				ors)			·	1
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City	/ State / Zip		_ :·
Pres.	Bonnie L. GRUNOW.			Decensed 1-22-				٧.	·		ļ.,
-VP-	Roger B	. GRUNO	n)	1200 Nes	t Crooled	Lake P	oce-E	ustis,	PL 3.	2726	
TREAS	Mark G	s. Brun	low	1003 60	uld Pla	ice		viedos	1.35	766	
Sec	Cardace	GRUNOR)Top	11ck -3	161 OV	erdale.	St. D	reltona	H3	2738	ŀ
Pres.	Debora	L GRU	NOW	1003 60	oola Pl	Ovie	do f	1.32	765	-	
	•	•									1
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 807 or 617, F.S. I further certify that when filling 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: Discreption of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling 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. 40.7											

20F4 august 6, 2002 Re: Task Mgnt. Co, Inc. 1D#591894041 CROM: Deborah S. GRUSON 1003 Gould Place Oriedo, Fla 32765 Mailing addiess: 61 Alafaya Woods Oviedo, A 32765 Ph# Hm. 407-366-0355 cell 407-340-8284 Do Whom Ot may concern: bor 2 yrs. and a letter

30f(explaining my situation the corp could be he-instated for the gurpose of selling the 3 properties theled to task mant Included please De allached letter from Dr., this explains a little of my nother-in-laws Shark you en advance for you consideration to Dincerely, Deborah Opwow Note: The reason for the temp. check is, & just opened the estate acct. Holan





Care Management 8/13/2001 Page 1 Social Service GRUNOW, BONNIE 1223 SALERNO CT Social Security: 381-12-4490 Phone: (407) 423-1954 DOB: 3/04/1923 ORLANDO, FL 32806 Dates Action: Brief Assessment 8/13/2001 Origin: Care Coordinator: Sievertson, Dlane RN **Future Review:** 11 Agency: AGENCY UNKNOWN OR N/A Completed: Memo: Not On Face Sheet

The following person: Bonnie Grunow is a patient of our practice. We are an internal Medicine Geriatric Practice. Mrs. Grunow has been diagnosed with Dementia. She has pronounced memory loss. Along with her memory, as with most Dementia patients her judgement is impaired. She has not been making sound good decisions, as well as poor followthrough. We are unable to determine how long she has had this Illness. It is a progressive illness and can be hidden for some time and then become very obvious. She may have had this illness for years.

August 10, 2001

If you have any further questions, please send us your requests in writing.

Sincerely M.D. M.D.

TO: Whom It May Concern:

IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA

IN RE. ESTATE OF

PROBATE DIVISION

BONNIE L. GRUNOW.

FILE NO.: 48-2002-CP-2008-0

Deceased.

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, BONNIE L. GRUNOW, a resident of Orlando, Orange County, Florida, died on July 22, 2002, owning assets in the State of Florida, and

WHEREAS, DEBORAH S. GRUNOW has been appointed personal representative of the sestate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare DEBORAH S.

GRUNOW to be duly qualified under the laws of the State of Florida to act as personal representative of the estate of BONNIE L. GRUNOW, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

STATE OF FLORIDAT NESS MY HAND AND THE SEAL OF THIS Court this _____ day of August 2002.

i, THE UNDERSIGNED, Clerk of the Circuit Court.
Orange County, Florida DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and the same is in full force

witness my hand Seal of the Circuit Jourt at Orlando.

LYDIA GARDNER

Deputy Clerk

Gircuit Judge