

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 15 AM 10:42

DOCUMENT # F93000002101

1. Corporation Name

UNIVERSAL NURSING SERVICES, LTD., INC.

Principal Place of Business

Mailing Address

475 S 50TH STREET
STE 700
WEST DE MOINES IA 50265
US

475 S 50TH STREET
STE 700
WEST DES MOINES IA 50265
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

42-1280284

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	ANDERSON, CONNIE J	475 S 50TH ST, STE 700	WEST DES MOINES IA 50265
CD	ANDERSON, CONNIE J	475 S 50TH STREET, STE 700	WEST DES MOINES IA 50265

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-12/05/00--01055--022
****750.00 ****750.00

11/11/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed as 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: *Connie J. Anderson* REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/9/00

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: *Connie J. Anderson* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-00

Daytime Phone #