

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F950000031

1. Corporation Name

Hospice of Integrated Health Services, Inc.

2. Principal Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

3. Mailing Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks MD

Zip

Country

21152

USA

City & State

Sparks MD

Zip

Country

21152

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/95

5. FEI Number

52-1916454

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

National Corporate Research, LTD

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

~~1406 Hays Street Suite #2~~ 103 N. Meridian St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/14/02

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.D	John Heller	910 Ridgebrook Rd	Sparks, MD 21152
V.	Melissa Warlow		
T	Matthew Box		400008413184 11/22/02--01092--023 **150.00
S	Ronald Lord		
D	W. Bradley Bennett		
		REINSTATEMENT	10/14/02

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1502
Date

410-773-1000
Daytime Phone #

CR2E081 (9/01)