

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F96000003418**

1. Corporation Name

HOME HEALTH SYSTEMS ACQUISITION CORP.

FILED

99 SEP 21 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

500 N. Dixie Highway
#8
Hollywood, FL 33020

Mailing Address

c/o Gateway HomeCare
18W100 22nd St.
Suite 102A
Oakbrook Terrace, IL 60181

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

18W100 22nd Street

Suite, Apt. #, etc.

Suite 102A

City & State

Oakbrook Terrace, IL

Zip

60181

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/5/96

5. FEI Number

36-4088908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-99

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
Pres.	Christopher J. York	18W100 22nd St. Ste. 102A	Oakbrook Terrace IL 60181
Dir.	Laurence P. Birch	18 W100 22nd St. Ste. 102A	Oakbrook Terrace, IL 60181
Sec/Treas			
Dir.			

700003005997--9
-10/05/99--01081--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

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

Laura R. Dunlap

REGISTERED AGENT MUST SIGN

Laura R. Dunlap
as its agent

Date

9-21-99

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

Laurence P. Birch, Secretary

Date

9/15/99

Daytime Phone #

630-495-9816

KE

CR2001 (12/98)