

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005070

1. Corporation Name

COMPANION CARE SERVICES, INC.

Principal Place of Business

Mailing Address

7618 MIAMI DR.  
MENTOR OH 44060

7618 MIAMI DR.  
MENTOR OH 44060

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1776202

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required  
for a Certificate of Status

Zip

Country

Zip

Country

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
P	JOSEPH, MARIE E	7511 MIAMI DR.	MENTOR OH 44060
VDC	ASHBA, JOHN T	38241 LAKESHORE BLVD., #311	WILLOUGHBY OH 44094
DC	WEARSTLER, TERRI RN	7024 JACKSON ST.	MENTOR OH 44060
D	HANES, JANICE	7618 MIAMI DR.	MENTOR OH 44060
			500002703405--2 -12/04/98-01076-007 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENGAY, MARIE  
15 SOPHIE AVE./LONE PINE  
PALM HARBOR FL 34683-7176

Name

Marie E Joseph

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

24195 US Rt 19 N #211

Suite, Apt. #, Etc.

City

Clearwater

State

Zip Code

FL 33763-4016

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

*Marie E Joseph*  
REGISTERED AGENT MUST SIGN

Date

11/27/98

11. This corporation owes or has paid 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

Date

Daytime Phone #

11/27/98 440 257-0075  
800 414-3847