

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 19 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F97000004531

1. Corporation Name

ServeCare Home Health of ST PETERSBURG,
INC.

2. Principal Office Address

710 94th Avenue North One Service Master Way

Suite, Apt. #, etc.

3. Mailing Office Address

One Service Master Way

Suite, Apt. #, etc.

City & State

ST Petersburg, FL

Zip

33072

Country

U.S.

City & State

Downers Grove, IL

Zip

60515

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/27/97

5. FEI Number

621708173

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Francis P. Regan

Francis P. Regan

Assistant Secretary

Date

4/11/01

REGISTERED AGENT MUST SIGN

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
D	Douglas W. Colber	One Service Master Way	Downers Grove IL 60515
O	Andrew D. Bratzel	One Service Master Way	Downers Grove, IL 60515
O	John A. MANN	One Service Master Way	Downers Grove, IL 60515
O	Kathleen T. Black	One Service Master Way	Downers Grove, IL 60515
O	Douglas W. Colber	One Service Master Way	Downers Grove, IL 60515

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:

Douglas W. Colber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Colber 11 APRIL 2001 630-271-1300

Date

Daytime Phone #

CR2E081 (9/00)