

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV 30 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F970000006495**

1. Corporation Name

Caretenders Visiting Services of
Southeast Florida, Inc.

W-28284

2. Principal Office Address

500 Village Blvd.

Suite, Apt. #, etc.

Suite 250

City & State

West Palm Beach, FL

Zip

33409

Country

USA

3. Mailing Office Address

100 Mallard Creek Rd

Suite, Apt. #, etc.

Suite 400

City & State

Louisville, KY

Zip

40207

Country

USA

REINSTATEMENT 99-00

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

5. FEI Number

61-1318014

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

700003490887-4

-12/08/00--01007--028

******150.00 ****150.00**

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Susan J. Metre

Susan J. Metre
Assistant Secretary

Date

11/29/00

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 |
|--------|--------------------------------------|---|----------------------|
| CCEO | Yarmuth, William B. | 100 Mallard Creek Road Suite 400 | Louisville, KY 40207 |
| DP | Yarmuth, Mary A. | 100 Mallard Creek Road Suite 400 | Louisville, KY 40207 |
| DST | Guenther, C. Steven | 100 Mallard Creek Road Suite 400 | Louisville, KY 40207 |
| | | | |
| | | | |
| | | | |

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******750.00 ****750.00**

KE

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:

C. Guenther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/00

Date

502-899-5355

Daytime Phone #