PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 AUG 25 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004853

Corporation Name
HOME MEDICAL OF AMERICA, INC.

REINSTATEMENT 2000

Principal Office Address	3. Mailing Office Address
55 CARNEGIE PLAZA	55 CARNEGIE PLAZA
Apt. #, etc.	Suite. Apt. #, etc.
City & State: CHERRY HILL, NJ	City & State: CHERRY HILL NJ
Country: USA	Country: USA
Zip: 08003	Zip: 08003

4. Date Incorporated or Qualified To Do Business in Florida: 8/27/1998

5. FEI Number: 52-2101177 — 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

000003386970--2
-09/08/00--01075--018
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION FL — State: FL — Zip Code: 33324

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.

Name of Registered Agent: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 8/25/2000

REGISTERED AGENT MUST SIGN

CR2E081 (6/99)

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/ DIR	CRAIG PORTER	55 CARNEGIE PLAZA	CHERRY HILL NJ 08003

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: CRAIG PORTER — 8/22/00 — (856)470-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #