

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000813

1. Corporation Name

AABON HOME HEALTH CARE SUPPLY, INC.

Principal Place of Business

108 JAME ST.
OZARK AL 36360

Mailing Address

108 JAME ST.
OZARK AL 36360

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

2. New Principal Office Address, If Applicable

136 E Reynolds St
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

136 E Reynolds St
Suite, Apt. #, etc.

City & State

Ozark AL

City & State

Ozark AL

Zip

36360

Country

USA

Zip

36360

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1999

5. FEI Number

63-1041426

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
CP	HARRY, ROBERT	108 JAMES ST. 136 E. Reynolds Street	OZARK AL 36360
C	HARRY, LOU	108 JAMES ST. 136 E. Reynolds Street	OZARK AL 36330
D	HARRY, MAJORIE	481 ZETA ST. #10 Zeta St	GOLDEN CO 80401

8. Name and Address of Current Registered Agent

GOSNELL, VICKIE
5201 DOGWOOD DR.
MILTON FL 32570

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Vickie Gosnell
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 18, 2002

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

28 Oct 02 (334) 774-7535

Daytime Phone #