| | PLEASE READ | ALL INSTRUCT | IONS BEFORE | COMPLETI | NG THIS F | | |
|---|---------------------------------------|-------------------------|---|---------------------------------------|---|--|---|
| CLUMOIN | CATION CONTRACTOR | the cretar | ORPORATIONS | | FILED RETARY OF STAHASSEE, FLO UN 20 PM 1 | | |
| | NT#GOILelo | L. | , | | | , - | |
| 1. Corporation Na I.V. | HOME CAR | E SPECI | alists, In | ۷. | , | | |
| 2. Principal Office | Λ IJJ8 | 3. Mailing Office Addre | ss AmE | | - 69- | 2227325 | - |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. Date Incorp | orated or Qualified | 0/20102 | 7 |
| | na City, FL | | | 5. FEI Number | ness in Florida -OZLU 47 | Applied For 827 Not Applied by | de la companya de la |
| 3240 | 4 BISA | Zip | Country | 6. CERTIFICATE | OF STATUS DESIRED | \$8.75 Additional fine requirements for a Certificate of Statu | |
| 7. Name and Address of Current Registered Agent Name DENNIS SAULS IVP 200004466882-8 -07/10/01-01021-030 | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 4***300.00 *****.00.00 4***300.00 *****.00.00 | | | | | | | |
| Suite | a, Apt. #, Etc. | | | | State Zip Code | | |
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| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S. Signature of Registered Agent Data 6/19/01 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 | | 4 |
| Y U | PARREN Phy | 1/104 /000 | DSUNSET | ANE | Lynnith | 9UEN, FL 3244 | 4 |
| VP I | EUNIS D | AULS 460 | 03 Astron | mu a | tangon | + CUY, FL 3240 | <u>'</u> 4 |
| 5 1 | JENISE Phil | 1105 /00 | 0 Suspt 1 | ANE | Lynn M | 40 /23294 | $\frac{\varphi}{}$ |
| 1 K | ormo Wh | TE 230 | 49 CIURIUN | ATI AUS | TARMA | (17, FL 3240 | 7 |
| r | | | <u></u> | · · · · · · · · · · · · · · · · · · · | ļ | SP | |
| 10 Clerify 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 filling 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 apd 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 Date Despirite Priorie # | | | | | | | |

1-850-784-6913



June 19.201

Dept. Of State Division of Corporations Box 6327 Tallahassee, Fl 32314

Dear Sirs:

This letter is in response to my telephone conversation with your office regarding the reinstatement of our corporation. We did not intend for our corporation to become inactive. Due to a change in our mailing address and also of the party responsible for paying our fees, the notice was not received and payment not sent for the year 2000 or 2001. I was only made aware of the need for the annual fee payment recently and immediately called your office for assistance. I understand this oversight was our responsibility but was certainly not intentional. This can be confirmed through our accounting firm of Saltamarsh, Cleveland, and Gunn here in Panama City, attention David Tipton 1-850-769-9491. Per your instructions I am requesting the penalty be waived with an explanation of our circumstances for not paying. I am also sending a check for \$300.00 (150.00 for 2000 and 150.00 for 2001) along with the reinstatement form as you requested.

Thank You

Dennis Sauls

850-784-6913-