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2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -3 PM 3:08

REINSTATEMENT 06

DOCUMENT # K51290					
1. Entity Name STAT NURSING SERVICES INTERNATIONAL INC.					
Principal Place of Business 6282 DENNY LANE MABLETON, GA 30126 US			Mailing Address 603 CRACKER BARREL RD QUINCY, FL 32351 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2917453	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPEIGEL, LAWRENCE J. 343 ALMERIA AVE CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	OCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, DAYMON B		NAME	300091629813	
STREET ADDRESS	6282 DENNY LANE		STREET ADDRESS	11/08/06--01032--003 **8.75	
CITY-ST-ZIP	ATLANTA, GA 30126		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, RENEE		NAME	300091629813	
STREET ADDRESS	177 WARWICK STREET		STREET ADDRESS	11/08/06--01032--004 **150.00	
CITY-ST-ZIP	DALY CITY, CA		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	C.O.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LEON		NAME	603 Cracker Barrel Rd	
STREET ADDRESS	ROUTE 3 BOX 3546		STREET ADDRESS	QUINCY, FL 32351	
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
TITLE	SSC	<input checked="" type="checkbox"/> Delete	TITLE	Volunteer Secretary/Acting	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNN-POSEY, TRACY		NAME	Volunteer Senior Nurse Consultant	
STREET ADDRESS	370 STASHPINE COURT		STREET ADDRESS	Patricia A. Johnson RN, Med., BA	
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP	603 Cracker Barrel Rd Quincy FL 32351	
TITLE	SNC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PATRICIA		NAME		
STREET ADDRESS	603 CRACKER BARREL RD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBB, JAMES C		NAME		
STREET ADDRESS	572 SENECA STREET		STREET ADDRESS		
CITY-ST-ZIP	MERCED, CA 95340		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia A. Johnson</i>			Date: 11/2/06 1-877-586-2644		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Florida Division of Corporations

10/28/06

Allie Kory,

We have not received the reinstatement form as promised on 10/25/06, nor have we been able to apply online for some reason?

Based on your phone conversation with our secretary, we are forwarding the \$150.00 annual fee along with our documentation validating theft of our mail from our corporate mailing address from approximately November 2003 to when the perpetrators were caught and incarcerated.

If we have not received the promised form by 10/31/06, we will call you back.

Thank You,

Dwayne B Simmons CEO

Go Home Nursing Services International Inc.

K 51290

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UNITED STATES POSTAL INSPECTION SERVICE

MIAMI DIVISION

April 10, 2006

Dear Postal Customer:

The U.S. Postal Inspection Service is currently investigating the suspected theft of mail that was sent to you or mailed by you. Enclosed is a copy of the recovered mail which bears your name and address. The mail is being held as evidence and will promptly be returned to you upon completion of the investigation.

Your assistance is requested by completing the enclosed Mail Theft and Vandalism Complaint Form and return it at your earliest convenience using the enclosed pre-addressed postage paid envelope. Please provide any other supporting evidence that is pertinent in this case. All information you provide will be kept confidential.

We regret any inconvenience you may have incurred as a result of this incident. The security of the U.S. Mail is the objective of the U.S. Postal Inspection Service and is given our continued attention while in the custody of the U.S. Postal Service.

Thank you for your assistance in this matter.

Sincerely,

J. Giehl

J. Giehl
U.S. Postal Inspector

Enclosures