

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -3 PM 3:08

REINSTATEMENT 06



10302006 REIN-P CR2E098 (11/05)

4. FEI Number
59-2917453

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEIGEL, LAWRENCE J.
343 ALMERIA AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCEO SIMMONS, DAYMON B 6282 DENNY LANE ATLANTA, GA 30126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNDERWOOD, RENEE 177 WARWICK STREET DALY CITY, CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO JOHNSON, LEON ROUTE 3 BOX 3546 QUINCY, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSC WYNN-POSEY, TRACY 370 STASHPINE COURT TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SNC JOHNSON, PATRICIA 603 CRACKER BARREL RD QUINCY, FL 32351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BOBB, JAMES C 572 SENECA STREET MERCED, CA 95340	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081629813 11/08/06--01032--003 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081629813 11/08/06--01032--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C.O.O. 603 Cracker Barrel Rd QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Volunteer Secretary/Acting Volunteer Senior Nurse Consultant Patricia A. Johnson RN, Med, BA 603 Cracker Barrel Rd Quincy FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/06 1-877-586-2641
Date Daytime Phone #

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,

Dagmar B Simmons CEO

C/o 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