

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 11:31

10/30

DOCUMENT # **K95098**

1. Corporation Name

METRO HOME CARE, INCORPORATED

Principal Place of Business

2100 MCGREGOR BLVD.
FT MYERS FL 33901
US

Mailing Address

2100 MCGREGOR BLVD.
FT MYERS FL 33901
US

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

2. New Principal Office Address, If Applicable

15550 McGregor Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15550 McGregor Blvd.

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

City & State

Ft. Myers, Fl.

Zip

33908

Country

USA

Zip

33908

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1989

5. FEI Number

58-1961066

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DCP	SHANNON, GEORGE W.	6218 MANGROVE LANE	SANIBEL FL
VD	MCELREATH, JAMES M.	1442 GRABE DRIVE 15011 Lakeside View Dr. #2402	PUNTA GORDA FL Ft. Myers, Fl. 33908
S	SHANNON, JANET M.	6218 MANGROVE LANE	SANIBEL FL

100002338061---0
-11/04/97-01007-006
****758.75 ****758.75

8. Name and Address of Current Registered Agent

MCELREATH, JAMES M.
2100 MCGREGOR BLVD.
FT. MYERS FL 33901

9. Name and Address of New Registered Agent

Name

James M. McElreath

Street Address (P.O. Box Number Is Not Acceptable)

15550 McGregor Blvd.

Suite, Apt. #, Etc.

City

Fort Myers,

State

FL

Zip Code

33908

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.

Signature of
Registered Agent

James M. McElreath

REGISTERED AGENT MUST SIGN

Date

10/24/97

James M. McElreath

11. This corporation ~~owes~~ has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

James M. McElreath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/97

Daytime Phone #

941-481-5999

CR2E040 (8/97)