

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L00000012287

FILED

02 OCT 30 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000012287

Name and Mailing Address

0011085 01 FP 0.352 **PRSR H3 0 0615 33983-544875



FAMILY HOME MEDICAL EQUIPMENT & SUPPLIES LLC
275 PROTO ALEGRE ST.
PUNTA GORDA FL 33983-5448



CR2E084 (8/02)

2. New Mailing Address 2605 Tamiami Trail, Suite 10 City, State, Zip FORT CHARLOTTE, FL 33952		4. State/Country of Formation FL	
3. New Principal Place of Business Address 2605 Tamiami Trail, Suite 10 City, State, Zip FORT CHARLOTTE, FL 33952		5. Date Organized or Qualified To Do Business in Florida 10/09/2000	
Principal Place of Business 350 B-A TAMIAM TRAIL PT. CHARLOTTE FL 33952		6. FEI Number 65-1044992	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROSS, YVONNE 275 PORTO ALEGRE ST. PUNTA GORDA FL 33983		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <u>Yvonne L. Ross</u> Date: <u>10/24/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROSS, BURTON	275 PORTO ALEGRE ST.	PUNTA GORDA FL 33983
MGRM	ROSS, YVONNE	275 PORTO ALEGRE ST.	PUNTA GORDA FL 33983
000008543220 10/29/02 01025--008 **155.00 FALL REINSTATEMENT 2002			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Yvonne L. Ross Date: 10/24/02 Daytime Phone #: 941-464-5691/87

Typed or printed name of signing Managing Member/Manager: YVONNE L. ROSS