

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000051389

1. Corporation Name

Caregivers Home Care, LLC

2. Principal Office Address - No P.O. Box #

1518 Michigan Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3004 Westchester Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Orlando, FL

Zip

32789

Country

Orange

Zip

32803

Country

Orange

7. Name and Address of Current Registered Agent

Name

Janice Rhoden

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

3004 Westchester Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Janice Rhoden*

REGISTERED AGENT MUST SIGN

Date *9 Dec 09*

9. Names and Street Addresses of Each Officer and/or Director (

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Janice Rhoden	3004 Westchester Avenue	Orlando, FL 32803
			800163546258 12/11/09--01045--003 **750.00
			800163546258 12/11/09--01045--004 **43.75
		<i>OK 12-15-09</i>	

10. E-mail Address: janicerhoden@att.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Janice Rhoden* Janice Rhoden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9 Dec 09* 321-278-5792

Date

Daytime Phone #

FILED

2009 DEC 14 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida July 9, 2004

5. FEI Number  
11-371-9667

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.