

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 NOV 23 AM 9:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L58889**

1. Corporation Name

JAN'S HOME CARE, INC.

Principal Place of Business

Mailing Address

323 WEST NEW YORK
 P.O. BOX 2354
 DELAND FL 32720
 US

105 WEST WISCONSIN AVENUE
 P.O. BOX 2354
 DELAND FL 32721

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



REINSTATEMENT 94

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

~~620 East New York Ave~~
 Suite, Apt. #, etc.

~~620 East New York Ave~~
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/16/1990

5. FEI Number

59-3003281

Applied For

Not Applicable

City & State
~~Deland Florida~~

City & State
~~Deland Florida~~

Zip
~~32724~~ Country
~~USA~~

Zip
~~32724~~ Country
~~USA~~

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	OSTLUND, GRANT	323 WEST NEW YORK 620 East New York Ave	DELAND FL
D	TUCKER, GEORGE	823 AVENIDA PALOS VERDES	PALM SPRINGS CA

500002700045--9
 -12/02/98--01038--005
 ****750.00 ****750.00

OSTLUND

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSTLUND, GRANT
 323 WEST NEW YORK
 DELAND FL 32720

Name

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

~~620 East New York Avenue~~
 Suite, Apt. #, Etc.

City

State

FL

Zip Code

32724

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or 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)(f), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98
 Date

904 236 0751
 Daytime Phone #

CR2E010 (8/98)