

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 NOV -9 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO5000011180

1. Corporation Name

The Council of State Home Care
Associations, Inc.

REINSTATEMENT 06-07

CR2E081 (1/07)

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

223 East Main St.

Suite, Apt. #, etc.

3. Mailing Office Address

4208 Charing Cross Rd

Suite, Apt. #, etc.

City & State

New Iberia, LA

Zip

70562

Country

USA

City & State

Sarasota, FL

Zip

34241

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/2/2005

5. FEI Number

20-3893134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gene Tischer

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

4208 Charing Cross Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34241

☒ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/7/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	WARREN HEBERT	223 East Main St.	New Iberia, LA 70562
V/D	SARAH MYERS	1249 Commercial St.	Salem, OR 93702
S/D	MELANIE GOLSON	P.O. Box 3238	Montgomery, AL 36109
T/D	AMHA BRADBERRY	3737 Exec. Ctr. Dr., #268	Austin, TX 78731
D	GENE TISCHER	4208 Charing Cross Rd.	Sarasota, FL 34241

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10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/07

Date

941-371-1554

Daytime Phone #