N08000002897

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 DEC 30 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 19 2017
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CR2E081 (11/10)

DOCUMENT # N08000002897

1. Corporation Name
Taylor Home Health Care, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1728 Kingsley Avenue	1728 Kingsley Avenue
Suite, Apt. #, etc. Unit 5	Suite, Apt. #, etc. Unit 5
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32073 Country USA	Zip 32073 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 03/24/2008

5. FEI Number 26-2352121 ☐ 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: Nancy G. Ralston

Street Address (P.O. Box Number is Not Acceptable): 6817 Southpoint Parkway

Suite, Apt. #, Etc.: Unit 5, Suite 1503

City: Jacksonville State: FL Zip Code: 32216

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Nancy Ralston Date: 1/12/17
REGISTERED AGENT MUST SIGN

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
P, D	Nancy G. Ralston	6817 Southpoint Parkway, Unit 5, Suite 1503	Jacksonville, FL 32216
VP, D	Robert G. Young	6817 Southpoint Parkway, Unit 5, Suite 1503	Jacksonville, FL 32216
S, D	James W. Spriggs, III	6817 Southpoint Parkway, Unit 5, Suite 1503	Jacksonville, FL 32216
T, D	David T. Stifter	6817 Southpoint Parkway, Unit 5, Suite 1503	Jacksonville, FL 32216

10. E-mail Address: nralston@conciergecarefl.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Nancy Ralston 1/12/17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #