PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 1:39

DOCUMENT # **N97000000386**

1. Corporation Name

POLK COUNTY FAMILY CAREGIVERS, INC.

Principal Place of Business	Mailing Address
~~4509 ARLINGTON PARK DRIVE~~ LAKELAND FL 33801	~~4509 ARLINGTON PARK DRIVE~~ LAKELAND FL 33801

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. 1232 E. Magnolia St		Suite, Apt. #, etc. 1232 E. Magnolia St	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33801	Country USA	Zip 33801	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/23/1997

5. FEI Number: 59-3425655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $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	4 City / State / Zip
D	MERSCH, HENRY	~~4509 ARLINGTON PARK DRIVE~~ 1232 E. Magnolia St	LAKELAND FL 33801
D	O'REILLY, ALICE	853 SOUTH NEW YORK AVE	LAKELAND FL 33815
D	STORMS, WALT DR HS07	~~4509 ARLINGTON PARK DRIVE~~ – 1232 E. Magnolia St	LAKELAND FL 33801
D	DICKTER, RICHARD	3142 WEST HENDERSON CIR	LAKELAND FL 33803
D	STEARNS, DAVID B	4528 DELMAR DRIVE	LAKELAND FL 33801

000004663300--4
-11/01/01--01081--008
*****245.00 *****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MERSCH, HENRY ~~4509 ARLINGTON PARK DRIVE~~ 1232 E. Magnolia St. LAKELAND FL 33801	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

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 Henry Mersch Henry Mersch — Date: 10-15-01
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 Richard Dickter — Richard Dickter — 10-15-01 — (863)688-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #