

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000005487

1. Corporation Name

FLORIDA HOME HEALTH, INC.

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

4300 N UNIVERSITY DRIVE

Suite, Apt. #, etc.

F-200

City & State

LAUDERHILL FL

Zip

33351

Country

USA

3. Mailing Office Address

4300 N UNIVERSITY DRIVE

Suite, Apt. #, etc.

F-200

City & State

LAUDERHILL FL

Zip

33351

Country

USA

**7. Name and Address of Current Registered Agent**

Name

SUZANNE MATERIA

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

4300 N UNIVERSITY DRIVE

Suite, Apt. #, Etc.

F-200

City

LAUDERHILL

State

FL

Zip Code

33351

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

*[Handwritten Signature]*

Date 3/6/2008

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	SUZANNE MATERIA	4300 N UNIVERSITY DRIVE	LAUDERHILL FL 33351

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:

*[Handwritten Signature]*

President

3/6/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAR 10 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200119833238  
03/10/08--01049--022 \*\*1800.00

REINSTATEMENT 01-08

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2000

5. FEI Number

☒

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.