

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000084769

1. Corporation Name

VISITING NURSES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

801 ANCHOR RHODE DRIVE
SUITE 103
NAPLES FL 34103

801 ANCHOR RHODE DRIVE
SUITE 103
NAPLES FL 34103

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

2. New Principal Office Address, If Applicable

6704 LONE OAK BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11373 WILLOW WOOD LN
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
PLYMOUTH MI

Zip
34103

Country
USA

Zip
48170

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2000

5. FEI Number

59366863

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	RUARK, ARLENE P	801 ANCHOR RHODE DRIVE SUITE 103	NAPLES FL 34103
D	RUARK, KEVIN	801 ANCHOR RHODE DRIVE SUITE 103	NAPLES FL 34103
D	RUARK, KEVIN	6704 LONE OAK BLVD	NAPLES FL 34103
D	RUARK, ARLENE	6704 LONE OAK BLVD	NAPLES FL 34103
REINSTATEMENT			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUARK, ARLENE P
801 ANCHOR RHODE DRIVE
SUITE 103
NAPLES FL 34103

Name
KEVIN RUARK

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

11373 WILLOW WOOD LN

Suite, Apt. #, Etc.

6704 LONE OAK BLVD

City
PLYMOUTH NAPLES

State
FL

Zip Code

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

Date 12-9-01

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:

KEVIN RUARK

12-04-01 734.455.7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/01)