

H03000037498 0


READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JAN 30 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000102346

1. Corporation Name

Omni Homecare-Hernando, Inc.

2. Principal Office Address

5429 Commercial Way

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34606

Country

USA

3. Mailing Office Address

5429 Commercial Way

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34606

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/30/2000

5. FEI Number

☒ 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

American Information Services, Inc.

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

350 E. Las Olas Blvd.

Suite, Apt. #, Etc.

Suite 1600

City

Fort Lauderdale

State
FL

Zip Code
33301

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.

Amy Le Grand, Asst. Secretary

Signature of

Registered Agent

Date 1/30/03

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
D	Beena Nagpal	5429 Commercial Way	Spring Hill, FL 34606

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 under section 119.07(3)(b), 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:

Beena Nagpal
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/03

Daytime Phone #

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REINSTATEMENT

0203

CREATED (WOT)

185

2082

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : I19980000010
Phone : (954) 463-2700
Fax Number : (954) 463-2224

CORPORATION REINSTATEMENT

OMNI HOMECARE - HERNANDO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00