

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 16 AM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000113362

1. Corporation Name

INTERIM HEALTHCARE OF LAKELAND, INC.

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

1547 Lakeland Hills Blvd.

3. Mailing Office Address

1547 Lakeland Hills Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip
33803

Country
USA

Zip
33803

Country
USA

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/03

5. FEI Number

65-1069540

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

Cathy Semyck

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

1201 S. Orlando Ave.

Suite, Apt. #, Etc.

Suite 300

City
Winter Park

State
FL

Zip Code
32789

☐ 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.

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

Cathy Semyck

REGISTERED AGENT MUST SIGN

Date 8/15/07

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 & T	Cathy Semyck	1201 S. Orlando Ave., Suite 300	Winter Park, FL 32789
S	Donna Smargon	1201 S. Orlando Ave., Suite 300	Winter Park, FL 32789
D	Kenneth H. Robertson	1201 S. Orlando Ave., Suite 300	Winter Park, FL 32789
D	Gerald Wochna	1201 S. Orlando Ave., Suite 300	Winter Park, FL 32789

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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:

Cathy Semyck / CATHY SEMYCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/15/07

Daytime Phone #

407-740-5284

B. Mitchell AUG 16 2007