

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pre 15/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 17 AM 10:21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (12/08) 0200

DOCUMENT # P 01 0000 56789

1. Corporation Name

G & S TOTAL HOME CARE, INC.

71409000027079

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

140 HARWOOD CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

140 HARWOOD CIRCLE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL.

Zip

34744

Country

U.S.

Zip

34744

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 18 2001

5. FEI Number

58-2628633

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

SPIEGEL & UTRERA, P.A.

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

343 ALMERIA AVE.

Suite, Apt. #, Etc.

City

BORAL GABLES

State

FL

Zip Code

33134

☒ 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 *X*

Date *X*

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
PRESIDENT	GAIL ROSKOP RICHARDS	140 HARWOOD CIRCLE	KISSIMMEE, FL. 34744
VIC. PRESIDENT	STEPHEN M. RICHARDS	140 HARWOOD CIRCLE	KISSIMMEE, FL. 34744

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NSW

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:

Gail Roskop Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date 3/1/09

Daytime Phone #

X Stephen M Richards

5/1/09

G & S TOTAL HOME CARE, INC. ^{May 2011}
140 HARWOOD CIRCLE
Kissimmee, FL. 34744
E.M. 58-2628633

TO WHOM IT MAY CONCERN:

A CHECK IN THE AMOUNT OF \$175.00 WAS CASHED
IN 2004 AND ~~I~~ REQUEST THAT THIS \$175.00 BE APPLIED
TO THE \$1,200.00 BALANCE, LEAVING DUE \$1,025.00.

THANK YOU.

Grail Richards President

Stephen Richards Vice President