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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 DEC 17 PM 5:34

SEC. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000076993

1. Corporation Name
OMNI HOME HEALTH - HERNANDO, INC.

REINSTATEMENT 2002

2. Principal Office Address	3. Mailing Office Address
5429 Commercial Way	5429 Commercial Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, Florida	City & State: Spring Hill, Florida
Zip: 34606 County: USA	Zip: 34606 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/2001

5. FEI Number: 59-3741300 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Cynthia A. Mikos, Esq. / Cynthia A. Mikos, P.A.

Street Address (P.O. Box Number is Not Acceptable): 205 N. Parsons Avenue

Suite, Apt. #, Etc.: Suite A

City: Brandon State: FL Zip Code: 33510-4615

8. I hereby appointed the registered agent of the above named corporation, with all the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent: Cynthia A. Mikos Esq. Date: 12-26-02
REGISTERED AGENT SIGNATURE

9. Names and Street Addresses of Each Officer and/or Director (Florida profit corporations must list at least 2 officers)

Title	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
D	Naresh Nagpal	5429 Commercial Way	Spring Hill, FL 34606
D	David De Camelis	5429 Commercial Way	Spring Hill, FL 34606

10. I certify that I am an officer or director of the corporation 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 complies 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 reported on this application is true and accurate and this document shall have the same legal effect as if made under oath.

SIGNATURE: David De Camelis 727/796-2210
SIGNATURE AND PRINT OR TYPE THE NAME OF SUBMITTING OFFICER OR DIRECTOR Date (Daytime Phone #)

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Division of Corporations

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

We hereby are requesting the original file date as date of filing, December 17, 2002. It is my understanding the attached document was reviewed and rejected previously by Examiner Justin. Thank-you. Delfina Campos

CORPORATION REINSTATEMENT

OMNI HOME HEALTH - HERNANDO, INC.

Certificate of Status	0
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