

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 15 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000072737**

1. Corporation Name

BAY AREA HOME HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

4830 WINDMILL PALM TERRACE, N.E.
ST PETERSBURG FL 33703

4830 WINDMILL PALM TERRACE, N.E.
ST PETERSBURG FL 33703

[Handwritten mark]



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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable

3869 5th Ave. N.

3. New Mailing Office Address, If Applicable

3869 5th Ave. N.

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
St. Petersburg FL

City & State
St. Petersburg FL

03-0465132

Not Applicable

Zip
33713

Country

Zip
33713

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRASHERS, CYNTHIA	4830 WINDMILL PALM TERRACE, N.E.	ST PETERSBURG FL 33703

400023864864
10/16/03 01083 015 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRASHERS, CYNTHIA
4830 WINDMILL PALM TERRACE, N.E.
ST PETERSBURG FL 33703

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

Cynthia Brashers
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/13/03**

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:

Cynthia Brashers
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03

CR2E040 (7/03)