

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000047727

1. Corporation Name

Ambassador Home Health, Inc.

2. Principal Office Address

212 West Ocean Blvd

Suite, Apt. #, etc.

City & State

Stuart Florida

Zip

34994

Country

USA

3. Mailing Office Address

1898 Hillsboro Blvd

Suite, Apt. #, etc.

Suite E

City & State

Deerfield Beach FL

Zip

33442

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/2004

5. FEI Number

20-0712565

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05) 05-06

FILED

2007 JAN -2 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100082358051
12/07/06--01039--012 **759.75

7. Name and Address of Current Registered Agent

Name

Elizabeth J. Hewert

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

1898 Hillsboro Blvd

Suite, Apt. #, Etc.

Suite E

City

Deerfield Beach

State

FL

Zip Code

33442

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

Elizabeth J. Hewert

REGISTERED AGENT MUST SIGN

Date

11/25/06

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
Pres	Elizabeth J. Hewert	801 Marble Way	Boca Raton, FL 33432
		B 1/4/07	
		P-INSTANT 05-06	

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:

Elizabeth J. Hewert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/06

Daytime Phone #

954
429.1424