

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12152004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000088536					
1. Entity Name ORECK HOME CARE CENTERS OF FLORIDA INC.					
Principal Place of Business 11057 SW 8TH ST BUILDING 23 APARTMENT 104 PEMBROKE PINES, FL 33025 US			Mailing Address 11057 SW 8TH ST BUILDING 23 APARTMENT 104 PEMBROKE PINES, FL 33025 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 77-0606025	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITEMAN, IAN A 11057 SW 8TH ST BUILDING 23 APARTMENT 104 PEMBROKE PINES, FL 33025			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:				DATE: 12/15/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 200043482258 STREET ADDRESS 12/17/04--01006--006 **158.75 CITY-ST-ZIP			
NAME	WHITEMAN, IAN A	TITLE			
STREET ADDRESS	11057 SW 8TH ST	NAME			
CITY-ST-ZIP	BUILDING 23 APARTMENT 104, FL 33025	STREET ADDRESS			
CITY-ST-ZIP	BUILDING 23 APARTMENT 104, FL 33025	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				DATE: 12/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: 301-452-3111	