2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000088536

1. Entity Name
ORECK HOME CARE CENTERS OF FLORIDA INC.

FILED
04 DEC 17 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12152004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
11057 SW 8TH ST BUILDING 23 APARTMENT 104 PEMBROKE PINES, FL 33025 US	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
Zip / Country	Zip / Country

4. FEI Number 77-0606025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$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 _____ 12/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITEMAN, IAN A 11057 SW 8TH ST BUILDING 23 APARTMENT 104, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800043482258 12/17/04--01006--006 **158.75	☐ Change ☐ Addition
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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: _____ 12/15/04 301-452-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #