

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC -1 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000100030

1. Corporation Name

Signature Homecare, Inc.

2. Principal Office Address - No P.O. Box # un
4042 SW St. Lucie Land

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip

34990

Country

Martin

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/04

5. FEI Number
20-1376195

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Craig Ahal

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

4042 SW St. Lucie Lane

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

800214817698
12/02/11--01037--003 **1050.00

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

Date

REGISTERED AGENT MUST SIGN

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
DPS	Craig Ahal	4042 SW St. Lucie Lane	Palm City, FL 34990
DVT	Patrick N. Yancey	4836 SW Bermuda Way	Palm City, FL 34990

REINSTATEMENT

2009-11

10. E-mail Address: CraigA@Americasweeps.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Craig Ahal

Craig R. Ahal owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/11
Date

772-340-3496
Toll Free