

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 18 AM 10:35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P04000113233

1. Corporation Name

NATIONAL HOME HEALTH NURSES STATEWIDE, INC.

900109569869
09/18/07--01028--001 **493.75

2. Principal Office Address - No P.O. Box #

434 Freeman Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Zip

32907

Country

Broward

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

8/2/04

5. FEI Number

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: The One Services

Street Address (P.O. Box Number is Not Acceptable): 7161 Pembroke Rd #600

Suite, Apt. #, Etc.: Pembroke Pines FL 33023

City: State: FL Zip Code: 33023

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Laura Wilcham
REGISTERED AGENT MUST SIGN

Date: 8/17/07

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
F	MARGARETTE ABELARD	434 Freeman Rd	Palm Bay, FL 32907

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:

Margarette Abelard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarette Abelard

Resident

Date

8/17/07

954-

274-7864

Daytime Phone #

209/25