

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P04000113233

1. Corporation Name

NATIONAL HOME HEALTH NURSES STATEWIDE, INC.

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

434 Freeman Rd

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32907

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**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 W. Chame

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
P	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

Margarette Abelard

President

Date

8/17/07

Daytime Phone #

954-274-7864

209/25