

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 17 PM 12:27

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 05000048007

1. Corporation Name

EXQUISITE HOME HEALTH
AGENCY INC.

WL-28803

800182093978
06/15/10--01019--010 **420.00

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

741 SW 2nd Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Bch FL

City & State

Zip

33441 Broward

Zip

Country

07-11 CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

83-0441150

☐ 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 Mahia Miller Jones

Street Address (P.O. Box Number is Not Acceptable)
741 SW 2nd Ave

Suite, Apt. #, Etc.

City Deerfield Bch

State FL

Zip Code 33441

800182093978
03/03/11--01003--011 **780.00

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

mmillerjones

Date 6/10/2010

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
VP	Mr. Donovan McFarlane	2398 NW 38th Ave	Lauderdale Lakes FL 33311
T	Dr. Cheryl Rathgan Ed.D.	10307 Serene Meadow Dr.	N. Boca Raton FL 334
S	Mrs. Lynn Rathgan-Burge	1268 NW 9th St	Coral Springs FL 33071
	Mrs. Ingrid Baker	1331 SW 8th Ave	Deerfield Bch, FL 33441
	Mr. Claudious Hall	7661 Belmonte Blvd	Margate, FL 33063
P	Maria Miller Jones	741 SW 2nd Ave	Deerfield Bch FL 33441

10. E-mail Address: mmillerjones@yahoo.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., 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.

SIGNATURE:

mmillerjones - President

6/10/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #