

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT

FILED

09 MAY -7 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300152100213

4/23/09 01029 013 - \$600.00
CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000069794

1. Corporation Name

Prodigy Home Health

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

7601 Cobb Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Zip

32434

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

76-0792122

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

CHERYL AMUZU

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

7601 COBB LANE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32534

☒ 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

REGISTERED AGENT MUST SIGN

Date

5/6/09

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
PRES	CHERYL AMUZU	7601 Cobb Lane	Pensacola, Florida, 32534
V-PRE	Kathleen Amuzu	7601 Cobb Lane	Pensacola, Florida, 32534
SECR	Kathleen Amuzu	7601 Cobb Lane	Pensacola, Florida, 32534
TRE	Kathleen Amuzu	7601 Cobb Lane	Pensacola, Florida, 32534
DIR	Rebecca Thompson	7601 Cobb Lane	Pensacola, Florida, 32534

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

5/6/09 850 475-1859