

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 06, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P05000134259

1. Corporation Name

ALPHA + OMEGA HOME CARE, INC

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

101 32 NW 23RD ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

US

3. Mailing Office Address

13546 TETHERLINE TR

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32837

Country

US

05-01-06 90396 017 15014
100129801231
05/19/08--01022--018 **450.00

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/30/05

5. FEI Number

32-0161461

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

MARIA KESNER

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

13546 TETHERLINE TR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837



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

X Maria Kesner

REGISTERED AGENT MUST SIGN

Date 5/15/08

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
<u>P</u>	<u>MARIA KESNER</u>	<u>13546 TETHERLINE TR</u>	<u>ORLANDO FL 32837</u>
<u>S/T</u>	<u>ANDREA AVERY</u>	<u>13555 LANNER DR</u>	<u>ORLAND FL 32837</u>
<u>VP</u>	<u>WINSTON ARCHIBALD</u>	<u>10000 SHERIDON ST</u> <u>BLDG #7 APT 303</u>	<u>PEMBROOKE PINES 33024</u>

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: X Maria Kesner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/08

Date

Daytime Phone #