

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -2 AM 11:56

FLORIDA DEPARTMENT OF STATE
ALL ATLASSEE, FLORIDA

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11/02/09--01045--025 **1650.00

CR2E081 (12/08)

DOCUMENT # ~~9~~ P06000106443

1. Corporation Name

L+V Sweet Home Care Inc

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

9380 Vancouver Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

9380 Vancouver Rd

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

Country

34608

USA

City & State

Spring Hill

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/06

5. FEI Number

42-1708033

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

Larry Lewis

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

9380 Vancouver Rd

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34608

☐ 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

Larry Lewis
REGISTERED AGENT MUST SIGN

Date 10/30/09

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 | Larry D. Lewis | 9380 Vancouver Rd | Spring Hill, FL 34608 |
| V.P | Wilma Lewis | 9380 Vancouver Rd | Spring Hill, FL 34608 |
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REINSTATEMENT

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:

Larry Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/09
Date

352-540-5333
Daytime Phone #