

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR -3 PM 2: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P07199					
1. Corporation Name <div style="display: flex; justify-content: space-between;"> T. G. C. Home Health Care, Inc. REINSTATEMENT </div>					
Principal Place of Business 2511 West Virginia Avenue Tampa, FL 33607		Mailing Address 2511 W. Virginia Ave. Tampa, FL 33607			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida August 23, 1985 5. FEI Number 59-2764924 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
*****49.50 *****48.50 \$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Ruchti, Bob	7050 Gall Boulevard	Zephyrhills, FL 333541		
STD	Herndon, June	7050 Gall Boulevard	Zephyrhills, FL 33541		
VDT	Norman, Paul	7050 Gall Boulevard	Zephyrhills, FL 33541		
AS	Block, Mark L.	111 N. Orlando Avenue	Winter Park, FL 32789		
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8. Name and Address of Current Registered Agent T. L. Trimble 2400 Bedford Road Orlando, FL 32803			9. Name and Address of New Registered Agent Name Tamara L. Trimble Street Address (P.O. Box Number is Not Acceptable) 111 North Orlando Avenue Suite, Apt. #, Etc. City Winter Park State FL Zip Code 32789		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent REGISTERED AGENT MUST SIGN </div> <div> Date March 2, 1999 </div> </div>					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
12. 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 under section 119.07(3)(i), 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 Mark Block, Asst. Secretary			March 1, 1999 407-975-1413 Date Daytime Phone #		