

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

DOCUMENT # P07199

1. Corporation Name

T. G. C. Home Health Care, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2511 West Virginia Avenue
Tampa, FL 33607

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

August 23, 1985

5. FEI Number

59-2764924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Ruchti, Bob	7050 Gall Boulevard	Zephyrhills, FL 333541
STD	Hemdon, 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

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.

Signature of Registered Agent

James H. Dunbar

REGISTERED AGENT MUST SIGN

Date

March 2, 1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax)

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:

Mark Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark Block, Asst. Secretary

March 1, 1999

Date

407-975-1413

Daytime Phone #