

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

02 NOV 15 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07199

1. Corporation Name
T.G.C. HOME HEALTH CARE, INC.

Principal Place of Business
2511 W. VIRGINIA AVE
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
111 N. Orlando Avenue
Suite, Apt. #, etc.

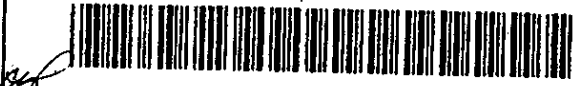
City & State
Winter Park FL

Zip 32789 Country USA

3. New Mailing Office Address, If Applicable
111 N. Orlando Avenue
Suite, Apt. #, etc.

City & State
Winter Park FL

Zip 32789 Country USA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
08/23/1985

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Norman Paul Henderschedt, Herndon June Blom-Antonio, Block LM Davis, and Ruchti Bob Trimble.

900009035508
11/18/02--01003--004 **750.00

8. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code.

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. or 617.0505, F.S.

Signature of Registered Agent
Tamara L Trimble REGISTERED AGENT MUST SIGN

Date 10/31/2002

11. 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: Tamara L Trimble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tamara L Trimble

Date 10/31/2002 (407) 975-1413
Daytime Phone #