

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031410

**1. Corporation Name**

Interim HHA of Jacksonville, Inc.

**2. Principal Office Address**

7999 Philips Highway

Suite, Apt. #, etc.

Suite 304

City & State

Jacksonville, FL

Zip

32256

Country

USA

**3. Mailing Office Address**

2526 Ward Boulevard

Suite, Apt. #, etc.

City & State

Wilson, NC

Zip

27893

Country

USA

100004916311--5

02/13/02--01049--018

\*\*\*\*943.75 \*\*\*\*908.75

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

April 28, 1993

**5. FEI Number**

59-3182289

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

Margaret Johnson

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

7999 Philips Highway

Suite, Apt. #, Etc.

Suite 304

City

Jacksonville

State

FL

Zip Code

32256

**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

*Margaret Johnson RN*  
REGISTERED AGENT MUST SIGN

Date

1/28/2002

**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
DP	Morris, John W.	2526 Ward Boulevard	Wilson, NC 27893
DV	Morris, Lisa B.	2526 Ward Boulevard	Wilson, NC 27893
ST	Pilkington, Terri P.	2526 Ward Boulevard	Wilson, NC 27893

**REINSTATEMENT** 01-03

**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 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:**

*John W. Morris*

John W. Morris

2-7-02 (252) 243-7808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Lewis 2/13/02

CR2E081 (9/01)