

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PH 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036890**

1. Corporation Name

AMW Home Health & Nursing Services INC.

2. Principal Office Address

**LAKEs of Emerald Hills
3221 N. 37th STREET**

Suite, Apt. #, etc.

City & State

Hollywood Florida

Zip

33021

Country

Broward

3. Mailing Office Address

**LAKEs of Emerald Hills
3221 N. 37th STREET**

Suite, Apt. #, etc.

City & State

Hollywood Florida

Zip

33021

Country

Broward

200023400552

09/29/03--01060--003 **\$600.00

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

5-18-93

5. FEI Number

65-0409460

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANN MARIE WALTERS

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

LAKEs of Emerald Hills; 3221 N. 37th STREET

Suite, Apt. #, Etc.

HOLLYWOOD

City

State

FL

Zip Code

33021.

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

Ann Marie Walters

Date

9/25/03

REGISTERED AGENT MUST SIGN

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
P	Ann-M.-WALTERS	LAKEs of Emerald Hills 3221 N. 37th STREET	Hollywood FL 33021
VP	WALTER B. WALTERS	LAKEs of Emerald Hills 3221 N. 37th STREET	Hollywood FL 33021

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:

Ann M. Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN M. WALTERS

Date

9/25/03 (954) 336 8616

Daytime Phone #

CR2E081 (10/02)

n 9/20

Albert L. Masters & Company, P.A.

Certified Public Accountants

Albert L. Masters, CPA
Richard M. Schwartz, CPA
Member: AICPA, FICPA

3111 University Drive, Suite 601
Coral Springs, Florida 33065
Telephone: (954) 755-1760
Fax: (954) 755-0721

September 22, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

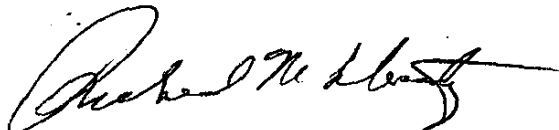
Re: AMW Home Health and Nursing Services, Inc.
Document Number: P93000036890

Gentlemen:

This letter is in reference to the corporate status of the above named corporation. Mrs. Ann Walters, the corporate shareholder for the corporation referenced above, has been informed by a third party that AMW Home Health and Nursing Services, Inc. has been involuntarily dissolved by the State of Florida back in the year 2000. It appears as though the address that the corporate annual reports were being mailed to was PO Box 450549/100025 Sunset Strip, Sunrise, Florida 33345. This has never been the corporation or the shareholder's address. Mrs. Walters was unaware of the annual filing requirement and without receiving the annual report in her mail, she did not file for the years 2000-2003. The penalties that would be levied to reinstate the corporation would be a complete hardship for Mrs. Walters. We are respectfully requesting that you accept a \$600 remittance for the four years missed of corporate annual reports and reinstate the corporation. If accepted, our client will immediately issue to you a check in the amount of \$600. Thank you for your cooperation in this matter.

If you should have any questions, please do not hesitate to contact us.

Sincerely,



Richard M. Schwartz, CPA
For the Firm