

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -8 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016703**

1. Corporation Name

PRO-CARE HOME HEALTH OF BROWARD, INC.

Principal Place of Business

1500 NW 62ND ST
FT. LAUDERDALE FL 33309
US

Mailing Address

100 MALLARD CREEK RD.
#400
LOUISVILLE KY 40207

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

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1994

5. FEI Number

65-0475107

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD T	YARMUTH, MARY A	100 MALLARD RD., #400	LOUISVILLE KY 40207
CD	YARMUTH, WILLIAM B	100 MALLARD CREEK RD., #400	LOUISVILLE KY 40207
STD	GUENTHNER, C.S.	100 MALLARD CREEK RD., #400	LOUISVILLE KY 40207
			500003464915-7 -11/15/00--01101--016 ***3750.00 ***750.00
			LS

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of
Registered Agent

Carol Record
REGISTERED AGENT MUST SIGN

Date

11/7/00

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:

Carol Record
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(502) 899-5355