

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P94000019592

1. Corporation Name

GARY'S HOME CARE, INC.

Principal Place of Business

Mailing Address

6039 SPANISH OAK DR
PENSACOLA FL 32526
US

6039 SPANISH OAK DR.
PENSACOLA FL 32526
US

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

FILED

00 DEC -6 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1994

5. FEI Number

59-3231719

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	4 City / State / Zip
P	HERRINGTON, GARY L SR	6039 SPANISH OAK DR	PENSACOLA FL 32526
VP	HERRINGTON, WANDA	6039 SPANISH OAK DR.	PENSACOLA FL 32526
			500003510895--5 -12/21/00--01086--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRINGTON, WANDA
6208 WYNDOTTE RD
PENSACOLA FL 32526

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

Wanda Herrington

Date

11/30/00

REGISTERED AGENT MUST SIGN

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:

Wanda Herrington Wanda Herrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/00
Date

850-857-3000
Daytime Phone #

CR2E040 (8/00)