

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

04 AUG 12 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **894 000051308**

1. Corporation Name

**Helping Hand Homemakers and Companion, Inc.**

2. Principal Office Address

**200 E. Edgewood Dr.**

3. Mailing Office Address

**P.O. Box 6237**

Suite, Apt. #, etc.

**Suite 118**

Suite, Apt. #, etc.

City & State

**Lakeland, Florida**

City & State

**Lakeland, Florida**

Zip

**33803**

Country

**Polk**

Zip

**33807**

Country

**Polk**

**REINSTATEMENT 62-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**July 12, 1994**

5. FEI Number

**59-3178235**

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

**James E. Gold**

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

**2000 E. Edgewood Drive**

Suite, Apt. #, Etc.

**Suite 118**

City

**Lakeland**

State  
**FL**

Zip Code

**33803**

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

*James E. Gold*

REGISTERED AGENT MUST SIGN

Date

**7/26/04**

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	James E. Gold	5204 Highlands Lakeview Loop	Lakeland, Florida 33813
S/T	Marla A. Gold	5204 Highlands Lakeview Loop	Lakeland, Florida 33813

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James E. Gold*

**7/26/04**

Date

**(863) 687-4744**

Daytime Phone #

CR2E081 (9/01)

**CC&M**  
**CLARK, CAMPBELL & MAWHINNEY, P.A.**  
**ATTORNEYS AT LAW**

H. ADAM AIRTH, JR., LL.M.  
TIMOTHY F. CAMPBELL<sup>1,3</sup>  
ALISON D. CLARK  
RONALD L. CLARK<sup>1</sup>  
CONNIE C. DURRENCE<sup>2</sup>  
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AMANDA PERALTA JARRET  
JOHN J. LANCASTER, LL.M.<sup>4,5</sup>  
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JOSEPH P. MAWHINNEY  
LAURA L. NEWLIN  
NATASHA RIEGER  
MICHAEL E. WORKMAN

[WWW.CCMATTORNEYS.COM](http://WWW.CCMATTORNEYS.COM)

- <sup>1</sup> BOARD CERTIFIED REAL ESTATE ATTORNEY
- <sup>2</sup> BOARD CERTIFIED ELDER LAW ATTORNEY
- <sup>3</sup> BOARD CERTIFIED CITY, COUNTY AND LOCAL GOVERNMENT ATTORNEY
- <sup>4</sup> ALSO ADMITTED TO PRACTICE IN TENNESSEE
- <sup>5</sup> BOARD CERTIFIED TAX ATTORNEY

August 10, 2004

Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Gold Care Homemakers & Companions, Inc.


To Whom It May Concern:

Enclosed are the following for filing:

1. Corporation Reinstatement Form for Gold Care Homemakers & Companions, Inc.
2. Our firm check made payable to the Department of State in the amount of One Thousand Fifty and No/100 Dollars (\$1,050.00) for the corporation reinstatement fee and the registration fee for the years 2002, 2003, and 2004.

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

Sincerely,

  
John J. Lancaster, LL.M./mma

JJL/mma  
Enclosures  
cc: James E. Gold (with 1 encl.)