

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>96 DEC -9 AM 11:32</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # <u>994000050533</u></p> <p>1 Corporation Name HOSPITAL HOME HEALTH, INC.</p>				<p>REINSTATEMENT <u>95-96</u></p>																													
<p>Principal Place of Business 6106 WATERS WAY WEEKI WACHEE FL 34607 US</p>		<p>Mailing Address 6106 WATERS WAY WEEKI WACHEE FL 34607 US</p>																															
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																	
<p>2. New Principal Office Address, If Applicable 3711 VINELAND RD Suite, Apt. #, etc.</p>		<p>3. New Mailing Address, If Applicable 3711 VINELAND RD Suite, Apt. #, etc.</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 08/01/94</p>																													
<p>City & State ORLANDO, FL Zip 32811 Country ORANGE</p>		<p>City & State ORLANDO, FL Zip 32811 Country ORANGE</p>		<p>5. FEI Number 65-0511164</p> <p>Applied For Not Applicable</p>																													
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>				<p>4000002026374-1 -12/11/96--01076--011 *****575.00 *****575.00</p> <p>UBA-10-96</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>ALLEN, VERN</td> <td>6106 WATERS WAY</td> <td>WEEKI WACHEE/FL/34607</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	ALLEN, VERN	6106 WATERS WAY	WEEKI WACHEE/FL/34607																				
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<p>8. Name and Address of Current Registered Agent</p> <p>ALLEN, VERN 6106 WATERS WAY WEEKI WACHEE, FL 34607</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code</p>																															
<p>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.</p> <p>Signature of Registered Agent <u><i>[Signature]</i></u> Date 10/18/96</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	
<p>SIGNATURE: <u><i>[Signature]</i></u> VERN ALLEN 10/18/96 407-843-1875</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																	

CR2E040 (12/95)