PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. TILLL FLORIDA DEPARTMENT OF STATE CORPORATION 2012 APR 23 AM 11: 36 Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** SECRETARY OF STATE DOCUMENT# P45000000728 DAVIDSON HOME HEALTH Equipment REINSTATEMENT 2. Principal Office Address - No P.O. Box # 3. Malling Office Address 1281 South TAMIAMI 150 1281 South Tamiami To CR2E081 (11/10) Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 995 City & State City & State FEI Number Applied For SARASOTA SARASOTA 650550194 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status 6. CERTIFICATE OF STATUS DESIRED□ 34239 U.S.A USA 7. Name and Address of Current Registered Agent Steven Street Address (P.O. Box Number is Not Acceptable) 600230734836 04/23/12--01005--006 **300,00 2940 TAMIAM South Suite, Apt. #, Etc. APR 2 3 2012 City Zip Code State SARAGOTA 342.39 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zlp Officers and/or Directors Officer and/or Director President 1586 EASThrook SARASOTA FI-34231 owner REI FEE WAZER OUR OFFICE received the 2011 AR + paymon by must, but it was never processed. See attached delivery confirma DAVIDSON DRUGS. com BHAUIDSON a 10. E-mail Address: (To be used for future annual report notification) 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., and that all fees owed by the corporation have been paid fourther certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that representation submitted in a property of the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-365-7378

Daytime Phone #

Date

SIGNATURE:

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B. SMITH

cheek # 6192





