

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037770  
1. Corporation Name

Home Health Shoppe, Inc.

Principal Place of Business Mailing Address  
1 Independent Drive  
Suite 2210  
Jacksonville, FL 32202 "Same"

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

4. Date Incorporated or Qualified To Do Business in Florida 4/30/96  
5. FEI Number 59-33881770 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)	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	J. Frank Surface, Jr.	1 Independent Drive, Suite 2210	Jacksonville, FL 32202
			200003096672--3 -01712700--01093--022 ****900.00 ****900.00
			REINSTATEMENT 98-99 TS

8. Name and Address of Current Registered Agent  
J. Frank Surface, Jr.  
Post Office Box 52852  
Jacksonville, FL 32201

9. Name and Address of New Registered Agent  
Name: J Frank Surface  
Street Address (P.O. Box Number is Not Acceptable): 1 Independent Drive, Suite 2210  
Suite, Apt. #, Etc.: # 2210  
City: Jacksonville State: FL Zip Code: 32202

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: [Signature] Date: 12/20/99  
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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] 12/20/99 (904) 359-2175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #