

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044620

1. Corporation Name

A.1 A. HOME HEALTH CARE, INC.

Principal Place of Business

352 N CONGRESS AVE
BOYNTON BEACH FL 33426

Mailing Address

352 N CONGRESS AVE
BOYNTON BEACH FL 33426

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1996

5. FEI Number

65-0668501

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	THAKORE, ARVIND	352 N CONGRESS AVE	BOYNTON BEACH FL 33426
VP	NEETA THAKORE	352 N. Congress Ave	Boynton Beach FL 33426
			200002516612--3
			05/08/98 01014--003
			****550.00 ****550.00
			07/22/98
			6/8/98
			REINSTATEMENT

8. Name and Address of Current Registered Agent

AJINKYA, ARVIND
4624 GUN CLUB RD #102
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name	200002516612--3
Street Address (P.O. Box Number is Not Allowed)	05/08/98 01014--004
Suite, Apt. #, Etc.	****358.75 ****358.75
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

[Signature]

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/98

561-732-1813

CR20040 (8/97)