

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 OCT 25 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081769

1. Corporation Name

THE VILLAGES HOMETOWN HEALTHCARE, INC.

Principal Place of Business

Mailing Address

1100 MAIN STREET  
LADY LAKE FL 32159

1100 MAIN STREET  
LADY LAKE FL 32159

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

10/03/1996

5. FEI Number

59-3402659

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	4 City / State / Zip
PD	MORSE, H. G	1100 MAIN ST.	LADY LAKE FL
SD	BURNS, DEWEY R	1100 MAIN ST.	LADY LAKE FL
T	WISE, JOHN F	1100 MAIN ST.	LADY LAKE FL
VP	MORSE, MARK G	1100 MAIN ST.	LADY LAKE FL
300004679203-9 -11/14/01--01085--001 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURNS, DEWEY R  
1100 MAIN STREET  
LADY LAKE FL 32159

Name

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

Suite, Apt. #, Etc.

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

*DeWey R. Burns*  
REGISTERED AGENT MUST SIGN

Date 10-22-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*John F. Wise*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01 (352) 753-6270

Date

Daytime Phone #

CR25040 (8/01)