PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

63 / 52

FILED
04 MAY 12 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095417

1. Corporation Name
Premier Home Care Inc of Stuart

REINSTATEMENT 63-52

2. Principal Office Address	3. Mailing Office Address
754 NE Jensen Beach Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jensen Beach FL	City & State:
Zip: 34957 Country: US	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/97

5. FEI Number: 650714561 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ronald Robinson

Street Address (P.O. Box Number is Not Acceptable): 2510 NE Pinecrest Lakes Blvd

500036136885
05/12/04--01021--002 **30.00

Suite, Apt. #, Etc.:

City: Jensen Beach | State: FL | Zip Code: 34957

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: _____ Date: 5/7/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ronald Robinson	2510 NE Pinecrest Lakes Blvd	Jensen Beach FL 34957
CEO	Jacqueline Robinson	1997 SW Palm City Rd	Stuart FL 34957
VP	Gerald Robinson	1997 SW Palm City Rd	Stuart FL 34957

10. 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: _____ 5/7/04 772-225-1686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PD 2482

PREMIER

HOME CARE OF THE TREASURE COAST

5/7/04

We never received a renewal notice for last year or this year. According to Dept of Corporations they were sent to an incorrect address. I was instructed to file a reinstatement form and pay the normal fees for the 2 years.

Thank You

Ron Robinson

754 N.E. Jensen Beach Blvd. • Jensen Beach, FL 34957
(561) 225-1686 • 800-662-3305 • FAX (561) 225-1687