

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000007703

1. Corporation Name

GUARDIAN ANGEL HOME COMPANION SERVICE, INC.

Principal Place of Business

Mailing Address

8 TANGERINE ROAD
YALAH FL 34797

8 TANGERINE ROAD
YALAH FL 34797

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

01/21/1997

5. FEI Number

59-3432516

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | RUSSO, JUDITH | 8 TANGERINE ROAD | YALAH FL 34797 |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

400024056824
10/23/03--01086--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WITSMAN, EZRA R
138 E. CENTRAL AVENUE
HOWY-IN-THE-HILLS FL 34737

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. or 617.0505; F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

GUARDIAN ANGEL
HOME COMPANION SERVICE
8 TANGERINE RD.
YALAHUA, FL. 34797

October 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Mrs. Glenda Hood:

Enclosed is a check for Division of Corporations in
amount of \$150.00.

I never received the document and did not
realized it was not paid. After checking my
records and speaking to my accountant,
they could not find it either. I just received
this notification on October 14th.
I live in Yalaha, and there are numerous
problems with the mail. Since I have paid
this every year, there is no reason why I
should not pay it.

I am sorry for this inconvenience.

Yours very truly,
Judith Russo
Administrator