

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *PD-7 000016782*

1. Corporation Name

CYPRESS HOME MEDICAL, INC.

90 FEB 22 11 9:34
SECRETARY OF STATE
CORPORATIONS DIVISION

Principal Place of Business

Mailing Address

SAME

**10060 Amberwood Road, Suite 6
Fort Myers, FL 33913**

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

10060 Amberwood Rd.

10060 Amberwood Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

Suite 6

City & State

City & State

Fort Myers, FL 33913

Fort Myers, FL 33913

Zip

Zip

Country

Country

33913

USA

33913

USA

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

1	2	3	4
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/S/T	Ray Bailey	10060 Amberwood Rd, Suite 6	Fort Myers, FL 33913
D			

REINSTATEMENT *OP, 09*

4. Date Incorporated or Qualified To Do Business in Florida

5-21-97

5. FEI Number

65-0756463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

**Ray Bailey
10060 Amberwood Road, Suite 6
Fort Myers, FL 33913**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Ray Bailey

REGISTERED AGENT MUST SIGN

Date

2-18-99

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:

Ray Bailey
RAY BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99

Date

941-561-3456
Daytime Phone #

CR2E081 (12/98)