

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 10 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049679

1 Corporation Name

Southcare Home Health Corp.

Principal Place of Business

Mailing Address

7601 N. Federal Highway
Bldg. A, Suite 210
Boca Raton, FL 33487

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

4 Date Incorporated or Qualified
To Do Business in Florida

06/05/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

65-0759082

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P-T-S	Kim Myrick	1701 W. Hillsboro Blvd, 401	Deerfield Bch, FL 33442
			900003076689--4
			-12/21/99--01060--018
			****750.00 ****750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jodi Laurence
7777 Glades Road, Suite 300
Boca Raton, FL 33434

Name
Kim Myrick

Street Address (P.O. Box Number is Not Acceptable)
1701 W. Hillsboro Blvd.

Suite, Apt. #, Etc.
Suite 401

City
Deerfield Beach

State
FL

Zip Code
33442

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

Kim Myrick

REGISTERED AGENT MUST SIGN

Date 12/9/99

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:

Kim Myrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/99 (954) 420-0304 X.29

Date

Daytime Phone #

CR2001 (12/98)