

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057612

1. Corporation Name

TRUST HOME MEDICAL EQUIPMENT AND SUPPLY, INC.

Principal Place of Business

8720 HIGHWAY 200 STE. 10
OCALA FL 34476

Mailing Address

8720 HIGHWAY 200 STE. 10
OCALA FL 34476

99 JAN -6 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *QB*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1997

5. FEI Number

59-3456334

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	TIMOTHY F. PIKE	4401 S.W. 152 ND ST.	OCALA, FL 34473
Vice President	JEANNE M. THORNTON	15254 S.W. 28 TH AVE RD.	OCALA, FL 34473

400002738584-4
-01/12/99-01080-023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BISHOP, W E JR.
KAXE SECONO SX
OCALX FL 34470X

9. Name and Address of New Registered Agent

Name

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

8720 SW S. R. 200, #14

Suite, Apt. #, Etc.

City
Ocala

State
FL

Zip Code
34476

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-9-98

11. This corporation owes or has paid 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/9/98 (352)
873-1249