

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
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

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

REINSTATEMENT 02-03

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PIKE, TIMOTHY F	4401 S.W. 152ND ST.	OCALA FL 34473
VP	THORNTON, JEANNE M	15254 S.W. 28TH AVE. RD.	OCALA FL 34473

300022482403  
08/21/03--01054--010 \*\*900.00

8. Name and Address of Current Registered Agent

BISHOP, W E JR.  
8720 SW 6.R. 200 #10  
OCALA FL 34476

TIMOTHY F. PIKE  
4401 SW 152ND ST  
OCALA, FL. 34476

9. Name and Address of New Registered Agent

Name

TIMOTHY PIKE

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

4401 SW 152ND ST.

Suite, Apt. #, Etc.

OCALA

City

FL.

State

FL

Zip Code

34473

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY PIKE

Date

10/24/02

Daytime Phone #

CR2E040 (8/02)