## 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.

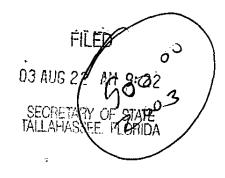
Principal Place of Business

Mailing Address

8720 HIGHWAY 200., STE 10 OCALA FL 34476

8720 HIGHWAY 200.. STE 10

. OCALA FL 34476





If above addresses are incorrect in any way, line through incorrect information and enter correction below.						Light and a second			
		Address, If Applicable		ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     06/30/1997			
				Apt. #, etc.		5. FEI Number 59-3456334 Applied For			
City & State			City & State					Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICATI		Additional Fee required r a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
Р	PIKE, TIMOTHY F			4401 S.W. 152ND ST.			OCALA FL 34473		
VP	THORNTON, JEANNE M			15254 S.W. 28TH AVE. RD.		OCALA FL 34473			
						30 08/21/	002248240 1301054010 *	03 *900.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
BISMOP, WE JR. TIMOTRY F. PIKE 8720 SW & R. 200 #10 4401/520 152 05 5 T OCALA FL 34176 OCAZA, FL 3448 1					1 / /	Street Address (P.O. Box Number is Not Acceptable) 57.  Suite, Apt. #, Etc.			
10. I, being	appointed th	e registered agent of the at	pove named corpo	oration, am f	amiliar with and accept the c	obligations of Sect	ion 607.0505, F.S. or 617.0505	, F.S.	

Signature of Registered Agen

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

Daytime Phone #