

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 24 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P97000061161*

1. Corporation Name

*Loving Care Home Health Inc.*

2. Principal Office Address

*2060 10th St.*

Suite, Apt. #, etc.

City & State

*SARASOTA, FLA*

Zip

*34237*

Country

*SARASOTA*

3. Mailing Office Address

*2060 10th St.*

Suite, Apt. #, etc.

City & State

*SARASOTA, FLA*

Zip

*34237*

Country

*SARASOTA*

REINSTATEMENT *02-04*

4. Date Incorporated or Qualified  
To Do Business in Florida

*7/97*

5. FEI Number

*52-210671*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*JUDITH Smoney*

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

*2060 10th St.*

Suite, Apt. #, Etc.

City

*SARASOTA*

State

*FL*

Zip Code

*34237*

900830964859  
03/24/04--01014--020 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Judith Smoney*

REGISTERED AGENT MUST SIGN

Date

*3/14/04*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>President</i>	<i>JUDITH Smoney</i>	<i>2060 10th St.</i>	<i>SARASOTA, FLA</i>
			<i>34237</i>
	<i>N/A</i>		
	<i>N/A</i>		
	<i>N/A</i>		

10. 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:

*Judith Smoney JUDITH A. Smoney 3/14/04 941-953-3208*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)