

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 24 AM 11:29

TALLAHASSEE, FLORIDA

DOCUMENT # **P97000061161**

1. Corporation Name

LOVING CARE HOME HEALTH INC.
2060 10th St.
SARASOTA, FLA. 34237

2. Principal Office Address

2060 10th St.
SARASOTA, FLA

Suite, Apt. #, etc.

City & State

SARASOTA

Zip

34237 SARASOTA

Country

SARASOTA

3. Mailing Office Address

2060 10th St.
SARASOTA, FLA. 34237

Suite, Apt. #, etc.

City & State

FLA.

Zip

34237

Country

SARASOTA

100073496721
05/01/06--01054--002 **900.00

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 1997

5. FEI Number

53-2110671

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 Smorey Cohen

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

2060 10th St.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34237

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 Smorey Cohen

REGISTERED AGENT MUST SIGN

Date **3/5/06**

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
President	JUDITH Smorey Cohen	2060 10th St.	SARASOTA, FLA 34237
	There are NO OTHER OFFICERS		

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 contained in Chapter 119, 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 Cohen **JUDITH COHEN** **3/5/06** **953-3208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #