

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097405

1. Corporation Name

ABEL NURSING AGENCY, INC.

FILED

99 NOV -8 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1520 Battlebrush NE Suite 2A
4610 LIPSCOMB STREET N.E. STE. 6
PALM BAY FL 32905

Mailing Address

1520 Battlebrush DR NE
Palm Bay FL 32905



REINSTATEMENT

1520 Battlebrush DR
Palm Bay FL 32905
Suite 2A
City & State
Palm Bay FL
Zip 32905 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

11/12/1997

5. FEI Number

59-3478121

Applied

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STVP	SMITH, NORMA B	4610 LIPSCOMB STREET N.E. STE. 6	PALM BAY FL 32905
STVP	NORMA SMITH B	1520 Battlebrush DR	Palm Bay FL 32905

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIXON, SCOTTE NORMA SMITH
4610 LIPSCOMB STREET N.E. STE. 6
PALM BAY FL 32905

Name NORMA SMITH
Street Address (P.O. Box Number is Not Acceptable)
1520 Battlebrush DR Suite 2A
Suite, Apt. # Etc.
Palm Bay FL 32905
City State Zip Code
Palm Bay FL 32905

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.

Norma Smith
REGISTERED AGENT MUST SIGN

Date 11/4/99

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

Norma Smith RN / NORMA SMITH RN

Date

11/4/99 (321) 984-1412

Daytime Phone #

CR2E040 (8/99)