


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED ORIGINAL
04 MAR 31 AM 8:20
2004
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101724

1. Corporation Name
Guardian Angel Home Health Care, Inc.

2. Principal Office Address <u>24850 Burnt Pine Drive</u> Suite, Apt. #, etc. <u>1</u> City & State <u>Bonita Springs, FL</u> Zip <u>34134</u> Country <u>US</u>		3. Mailing Office Address <u>24850 Burnt Pine Drive</u> Suite, Apt. #, etc. <u>1</u> City & State <u>Bonita Springs, FL</u> Zip <u>34134</u> Country <u>US</u>	
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REINSTATEMENT 03-04

4. Date incorporated or Qualified To Do Business in Florida 11/28/97

5. FEI Number 65-0800633 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Kenneth Gordon King 500031566895
Street Address (P.O. Box Number is Not Acceptable) 1920 Blue Point Ave 720 ORCHID DR.
Suite, Apt. #, Etc. 2
City Naples State FL Zip Code 34102

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 Kenneth King Date 3-29-04
REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Jessica Boggs Stumpf</u>	<u>20 Crestwood Circle So.</u>	<u>Lehigh Acres, FL 33936</u>

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: Jessica Stumpf Jessica Stumpf Date 3/29/04 Daytime Phone # (239) 495-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)