

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # **P99000044704**

1. Corporation Name

MCCAIN PRIVATE DUTY NURSING SERVICE INC

2. Principal Office Address

224 TRAILS END

Suite, Apt. #, etc.

3. Mailing Office Address

224 TRAILS END

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33413

Country

Zip

33413

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/1999

5. FEI Number

65-0920905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARGARET R MCCAIN

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

224 TRAILS END

Suite, Apt. #, Etc.

City

WEST PALM BEACH

200035703792
05/06/04--01028--032 **1053.75

State
FL

Zip Code
33413

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

Margaret McCain
REGISTERED AGENT MUST SIGN

Date **4/30/04**

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
D	MARGARET R MCCAIN	224 TRAILS END	WEST PALM BEACH FL 33413

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

MARGARET R MCCAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04
Daytime Phone # **561-357-5512**