

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-weight: bold; margin-bottom: 10px;">99 NOV -2 AM 10: 20</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;">200003038852--2 -11/09/99--01004--028 ****175.00 ****175.00</div>	
DOCUMENT # VO1951 1. Corporation Name ACD, Inc.				<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 0.8em;">If above addresses are incorrect in any way, line through incorrect information and enter correction below.</div>	
2. New Principal Office Address, If Applicable 255 East Fifth Street Suite, Apt. #, etc. 2600 Chemed Center City & State Cincinnati, Ohio Zip 45202		3. New Mailing Address, If Applicable 255 East Fifth Street Suite, Apt. #, etc. 2600 Chemed Center City & State Cincinnati, Ohio Zip 45202			
4. Date Incorporated or Qualified To Do Business in Florida 12/23/1991		5. FEI Number 65-0301487			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
	President		Rick L. Arquilla		2500 Chemed Ctr, 255 E Fifth ST.
	Treasurer		David P. Williams		2500 Chemed Ctr, 255 E Fifth ST.
	Asst. Treasurer		Mark W. Stephens		2600 Chemed Ctr, 255 E Fifth ST.
	Secretary		Naomi C. Dalloh		2600 Chemed Ctr, 255 E Fifth ST.
LS					
8. Name and Address of Current Registered Agent Jerry D. Gay 515 Palm Street West Palm Beach, FL 33401				9. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324	
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. Signature of Registered Agent <u>Connie Bryan</u> CONNIE BRYAN <div style="display: flex; justify-content: space-between;"> <div> SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN </div> <div> Date <u>11/09/99</u> 200003038852--2 -11/09/99--01004--028 ****513.75 ****513.75 </div> </div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Naomi C. Dalloh</u> Naomi C. Dalloh Date <u>10/27/99</u> 1212-539-12325 <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR</div> <div>Date</div> <div>Daytime Phone #</div> </div>					