City & State Cincinnati, Ohio City & State Cincinnati, Ohio Zip 45202 Ramilton Zip 45202 Zip 45202 Ramilton Zip 45202 Ramilton Zireat Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors) Sireat Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Zip 45202 Zip 4520	**** u	DI EASE BEAD /	ALL INCTRI	ICTIONS BEI	EORE O	OMDI ETING T	LIC EOD	M
Secretary President Pres		ICATION FOR	PARTMENT OF STATE dra B. Mortham cretary of State					
AJJ, Inc. Principal Place of Business Mailing Address Habove addresses are incorrect in any way, line prough incorrect information and enter correction below. REINSTATEMENT PACC	1	1 1 1 1 2 2	···_			1		
2. New Principal Office Address, II Applicable 2.55 East Firth Street 2.5600 Chemed Center 2.600 Chemed Center 2.6		e of Business	Maili	ng Address				
Country Coun	2. New Princip 255 East Fif Suite, Apt. #, 2600 Cheme	pal Office Address, If Applicable th Street etc. ed Center	3. New Mailing 255 East Fifth Suite, Apt. #, e 2600 Chemed City & State	Address, If Applicab Street Ic. d Center	le	To Do Business in Fi 5. FEI Number 65 - 030 19	lorida	12/23/1991 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors) Name of Officers and/or Directors Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Directors City/State/Zip	Zip	Country					DESIRED 🔲	-11 (t)
Asst. Treasure: Mark W. Stephens 2600 Chemed Ctr, 255 E Fifth ST. Cincinnati, OH Secretary Naomi C. Dallob 2600 Chemed Ctr, 255 E Fifth ST. Cincinnati, OH 30003040213-007 -11/09/93-01083-006 *****175.00 *****513.75 8. Name and Address of Current Registered Agent Surge Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. ** Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. ** 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. CONNIE BRYANT SPECIAL ASSISTANT SPECRETARY Date 11/2/99	7. Names and Title(s)	Street Addresses of Each Officer Name of Officer and/or Directo	and/or Director (ers	Florida nonprofit corp Stre Offi 3 (Do NOT Use	porations mu et Address o cer and/or D e Post Office	of Each birector a Box Numbers)	4	
Secretary Naomi C. Dallob 2600 Chemed Ctr, 255 E Fifth ST. Cincinnati, OH 2600 Chemed Ctr, 255 E Fifth ST. 2600 Chem	Treasure	reasurer David P. Williams			2500 Chemed Ctr, 255 E Fifth ST. Cincinnati, OH 4520			
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 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. * Etc11/09/9901083008 Fity Intation 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. CONNIE BRYAN SPECIAL ASSISTANT SPERETARY Date 11/2/99	*	Mark W. Stephens			1	1		
8. Name and Address of Current Registered Agent Solution Palm Street West Palm Beach, FL 33401 8. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. # Etc 11/09/9901083008 Plantation 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 Special Assistant Screet Agent Page 11/2/99 Date 11/2/99	Secretar		വസമവം	··		30000	3040	2132
Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #{Etc11/09/9901083008} 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 Part Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #{Etc11/09/9901083008} Plantation FL 33401 CONNIE BRYAN Segmature of Registered Agent Part Assistant Secretary Date 11/2/99								
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #{Etc11/09/9901083008} Suite, Apt. #{Etc11/09/9901083008} 10. It, 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 Bayes SPECIAL ASSISTANT SPECI		8. Name and Address of Curre	nt Registered Ag	ent	1	9. Name and Addre	ss of New Re	gistered Agent
Signature of Registered Agent Bay Bay Bridge Date 11/2/99	515 Palm Str	ect		CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Sulte, Apt. #{Etc11/09/99-01083-008} Gity April 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Registered Agent Come Buy SPECIAL ASSISTANT SPCRETARY Date 112199	10. I, being app	pointed the registered agent of the			ar with and a			
	Signature of Registered Age	ent Comic Brus	SPECIAL	ASSISTANT SE		Date	H	2199
Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)	11. Doe De	es this corporation pay a pt. of Revenue under S.	ny intangible 199.032, Flo	tax to the rida Statutes.	Yes	No 🗹		
12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes, lease 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 accelling 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 fit 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 the 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 no under path. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date	lease the Divicertity that I at this reinstaten fees owed by under eath.	sion of Corporations from any llability of m an officer or director or the receiver or ment application the reason for dissolution the corporation have been pald. The infe	non-compliance with trustee empowered in has been eliminat ormation indicated o	n Section 119.07(3)(k) in to execute this applicated, the corporate name on this application is true	the event that ion as provide satisfies the re	st the information supplied is id for in chapter 607 or 617, aquirements of section 607.	s deemed exem , F.S. I further of .0401 or 617.04 ve the same k	pl from public access.l printing that when filling ton, F.S., and that all ogal effect as if made 2-539-12325