

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000006209**

1. Corporation Name

**ELITE HOMECARE, INC.**

Principal Place of Business

4410 IVY COMMONS  
CHARLOTTESVILLE VA 22903

Mailing Address

P.O. BOX 303  
IVY VA 22945

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2002

5. FEI Number

54-2042318 ✓

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTC	NEEL, DAVID H	P.O. BOX 303	IVY VA 22945

300024177793  
10/27/03--01112--012 \*\*150.00

8. Name and Address of Current Registered Agent

BOYD, DARRYLE  
3599 UNIVERSITY BLVD., SUITE 903  
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

Anita Winfree

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

3599 University Blvd, Suite 903

Suite, Apt. #, Etc.

Suite 903

City

Jacksonville

State

FL

Zip Code

32216

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. or 617.0505, F.S.

Signature of  
Registered Agent

Anita Winfree

REGISTERED AGENT MUST SIGN

Date

10/15/07

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

Date

10/15/07

Daytime Phone #

CR2040 (7/03)

# ELITE HOMECARE, INC.

Pediatric & Adult High Tech Respiratory Specialist

4410 Ivy Commons • Charlottesville, Virginia 22903  
(434) 296-4155 • (434) 296-4156 Fax

300 Turner Rd. Suite B • Richmond, Virginia 23225  
(804) 675-4900 • (804) 675-4364 Fax

15 October 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

This is to inform you that Elite Homecare, Inc. did not receive the prior Uniform Business Report (UBR) notices. Please find enclosed the completed reinstatement notice and I request that Elite Homecare, Inc. be reinstated as an active corporation in the State of Florida.

Thank you for your understanding and assistance with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Neel', with a stylized flourish at the end.

David H. Neel