

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 11 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73984

1. Corporation Name

VEN-A-CARE OF THE FLORIDA KEYS, INC.

2. Principal Office Address

3426 DUCK AVE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

3. Mailing Office Address

3426 DUCK AVE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/1987

5. FEI Number

59-2768504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

400020780674
06/11/03--01060--001 **908.75

7. Name and Address of Current Registered Agent

Name

ZACHARY T. BENTLEY II

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

3426 DUCK AVE.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

REGISTERED AGENT MUST SIGN

Date 6/9/2003

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
P/D	BENTLEY, ZACHARY T.	3426 DUCK AVE.	KEY WEST, FL 33040
T/D	LOCKWOOD, JOHN M.	3426 DUCK AVE.	KEY WEST, FL 33040
SD	JONES, T. MARK	3426 DUCK AVE.	KEY WEST, FL 33040
D	COBO, LUIS E.	3426 DUCK AVE.	KEY WEST, FL 33040

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: Zachary T. Bentley II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/09/2003 305-292-1635

Date

Daytime Phone #

CR2E081 (10/02)

6/11