PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L50370

1. Corporation Name
Caregiver.com, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
6365 Taft Street	6365 Taft Street
Suite, Apt. #, etc. 3006	Suite, Apt. #, etc. 3006
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33024 Country USA	Zip 33024 Country USA

4. Date Incorporated or Qualified to Do Business in Florida 2-9-1990

5. FEI Number 65-0168631 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee

7. Name and Address of Current Registered Agent

Name: Gary E. Barg

Street Address (P.O. Box Number is Not Acceptable): 6365 Taft Street

Suite, Apt. #, Etc.: 3006

City: Hollywood State: FL Zip Code: 33024

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07/26/04--01045--008 **900.00

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: [signature] REGISTERED AGENT MUST SIGN

Date: 7/21/04

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
CEO	Gary E. Barg	6365 Taft Street, Suite 3006	Hollywood, FL 33024
COO	Steven C. Barg	6365 Taft Street, Suite 3006	Hollywood, FL 33024

10. I certify that I am an officer or director of the receiver or trustee appointed 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] 7/21/04 954 812 3550

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #