

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 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000001485

Name and Mailing Address

0015905 01 MB 0.309 **AUTO T9 0 0615 30349-553381



LOGISTICARE SOLUTIONS, LLC

1895 PHOENIX BLVD., SUITE 306 1640 PHOENIX BLVD. SUITE 200
COLLEGE PARK GA 30349-5533



CR2E034 (7/03)

2. New Mailing Address 1640 PHOENIX BLVD. SUITE 200		4. State/Country of Formation DE	
City, State, Zip COLLEGE PARK, GA 30349		5. Date Organized or Qualified To Do Business in Florida 09/22/1999	
Principal Place of Business 1895 PHOENIX BLVD., SUITE 306 COLLEGE PARK GA 30349	3. New Principal Place of Business Address 1640 PHOENIX BLVD SUITE 200	6. FEI Number 58-2491253	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip COLLEGE PARK, GA 30349		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300024382339 11/03/03--01073--010 *\$150.00 City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent **SIGNATURE REQUIRED Allan Farnell, Vice President** Date **10/29/03**
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KARL, ERIC A	1895 PHOENIX BLVD., SUITE 306	COLLEGE PARK GA 30349
MGR	RUSSELL, STEVEN	1640 PHOENIX BLVD, SUITE 200	COLLEGE PARK, GA 30349

REINSTATEMENT -03
Dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager **SIGNATURE REQUIRED** Date **21 05 2003** Daytime Phone # **772 907 7550**

Typed or printed name of signing Managing Member/Manager **STEVEN RUSSELL**