
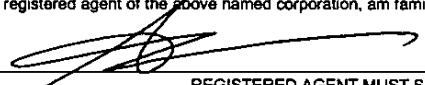



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N 0000000 2310</b>					
1. Corporation Name <b>COVENANT CARE, INC</b>					
2. Principal Office Address <b>8982 Taft Street</b>			3. Mailing Office Address <b>P.O. Box 450614</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Pembroke Pines FL</b>			City & State <b>Miami FL</b>		
Zip <b>33024</b>	Country <b>Miami-Dade</b>	Zip <b>33245</b>	Country <b>Miami-Dade</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>4/06/2000</b>	
5. FEI Number <b>650999293</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Guy D Sperduto</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>8982 TAFT STREET</b>					
Suite, Apt. #, Etc.					
City <b>Pembroke Pines</b>				State <b>FL</b>	Zip Code <b>33024</b>
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  Date <b>5/5/05</b>					
REGISTERED AGENT MUST SIGN					
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 FOUNDER	Fergus Scarfe	8982 Taft Street		Pembroke Pines, FL 33024	
CHAIRMAN	Jack Drury	8982 Taft Street		Pembroke Pines, FL 33024	
TREASURER	Guy Sperduto	8982 Taft Street		Pembroke Pines, FL 33024	
DIRECTOR	Arthor Jackson	8982 Taft Street		Pembroke Pines, FL 33024	
DIRECTOR	Anthony Barbusca	8982 Taft Street		Pembroke Pines, FL 33024	
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:  <b>Anthony Barbusca</b> 5/9/05 386 202 9819					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (01/05)

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**Covenant Care, Inc.**

8982 Taft Street  
Pembroke Pines, FL 33024

May 5, 2005

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

RE: Covenant Care Inc.  
Document Number N00000002310

This is to inform you that the Florida Non Profit Corporation, Covenant Care, Inc. was dissolved. Our annual report was not received in 2003.

Please note that the corporation name is misspelled on the Sunbiz home page. The correct spelling is Covenant Care, Inc. It is misspelled as Convenant Care, Inc.

Please update your records accordingly.

Thank you,

A handwritten signature in cursive script, appearing to read "Anthony Barbusca".

Anthony Barbusca