PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ICL 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 11 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035106

1. Corporation Name
OZARE CARE, INC

2. Principal Office Address	**3.** Mailing Office Address
10597 NW 53 ST	10597 NW 53ST
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Sunrise, Florida	City & State: Sunrise, Fl
Zip: 33351 Country: Broward	Zip: 33351 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/26/01

5. FEI Number: 65-1092691 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Scott B. Schwed 500009472475 12/11/02--01062--003 **158.75

Street Address (P.O. Box Number is Not Acceptable): 10597 NW 53 ST

Suite, Apt. #, Etc. —

City: Sunrise State: FL Zip Code: 33351

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: Scott Schwed Date: 12/6/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
Pres	Scott B Schwed	10597 NW 53 ST	Sunrise, Fl 33351
Sec	Mindy S. Schwed	10597 NW 53ST	Sunrise, Fl 33351
Treas	Mindy S. Schwed	10597 NW 53 ST	Sunrise, Fl 33351

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: Scott Schwed President 12/6/02 954-747-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

Ozare Care, Inc.

10597 NW 53rd Street
Sunrise, Florida 33351
(954) 747-6661

December 6, 2002

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

Re: Reinstatement
Ozare Care, Inc
Document # P01000035106

To Whom It May Concern,

Enclosed is our Corporation Reinstatement application. In an effort to reduce expenses, the original filing papers were done online. The attorney and registered agent never forwarded or requested anything to us in reference to the annual report filing. At this time I am requesting consideration concerning waiving the penalty fees. I realize this is my responsibility. However, this was an oversight due to never receiving any notices to file the annual report.

I included a check in the amount of $158.75, representing the annual report fee (for each year dissolved), the corporate supplemental fee, and $8.75 for a certificate status.

Your consideration in this matter will be greatly appreciated.

Sincerely,

Scott B Schwed

Scott B. Schwed