

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

10597 NW 53 ST

Suite, Apt. #, etc.

City & State

SUNRISE, Florida

Zip

33351

Country

BROWARD

3. Mailing Office Address

10597 NW 53 ST

Suite, Apt. #, etc.

City & State

SUNRISE, FL

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 #151.75

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 B. Schwed

REGISTERED AGENT MUST SIGN

Date

12/6/02

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 53 ST	SUNRISE, FL 33351
Tres	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 B. Schwed President

Date

12/6/02 954-747-6661

Daytime Phone #

2012

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

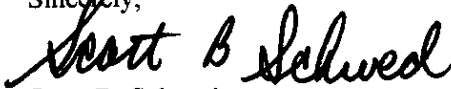
To Whom It May Concern,

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