PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000-01 UBR

FILED
01 JAN 19 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V05944

1. Corporation Name

Mickeys Caring Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address
22340 Boyaca Avenue	PO Box 970549
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33433 Country: USA	Zip: 33497-0549 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0305823 ☐ 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: Mitchell Klevansky

Street Address (P.O. Box Number is Not Acceptable): 22340 Boyaca Avenue

Suite, Apt. #, Etc.:

400003632804--3
-02/05/01--01008--003
****300.00 ****300.00

City: Boca Raton State: FL Zip Code: 33433

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P.D	Mitchell Klevansky	22340 Boyaca Avenue	Boca Raton, FL 33433
V	Lorraine Klevansky	22340 Boyaca Avenue	Boca Raton, FL 33433

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: _____ 1-16-01 561 451-3207 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

MICKEY'S CARING SERVICE, INC.
P.O. BOX 970549
BOCA RATON, FL. 33497
TEL: 561-451-3207
FAX: 561-451-3041

January 15, 2001

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

To Whom it May Concern:

Enclosed please find corporation reinstatement for Mickey's Caring Service, Inc.

Also enclosed is our $300.00 check covering 2000 & 2001 filing fees.

Please note that we never received the 2000 application, final notice or disillusion notice for 2000.

Thank you for attention to the above.

Sincerely,

Mitchell A. Klevansky
President