

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

22340 Boyaca Avenue

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

PO Box 970549

Suite, Apt. #, etc.

City & State

Boca Raton, FL

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.

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

REGISTERED AGENT MUST SIGN

Date

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:

Mitchell Klevansky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

561 451-3267

Daytime Phone #

KE

CR2E081 (9/00)

20F2

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:

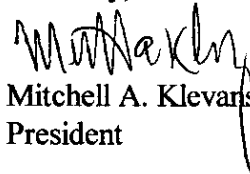
Enclosed please find corporation reinstatement for Mickey's Caring Service, Inc.

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