FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 SEP 16 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 95-03

DOCUMENT # 292866

1. Corporation Name
Van Care Associates, Inc.
Document Number 292866

2. Principal Office Address	3. Mailing Office Address
5615 Lewis Street	5615 Lewis Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers Beach, FL	City & State: Ft. Myers Beach, FL
Zip: 33931 Country: Lee	Zip: 33931 Country: Lee

4. Date Incorporated or Qualified To Do Business in Florida: 05-12-1965

5. FEI Number: 591094588 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: William H. Van Duzer

Street Address (P.O. Box Number is Not Acceptable): 5615 Lewis Street

500023107745
09/16/03--01044--010 **350.00

Suite, Apt. #, etc.:

City: Ft. Myers Beach State: FL Zip Code: 33931

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: William H. Van Duzer
REGISTERED AGENT MUST SIGN

Date: 9/11/03

CR2E061 (1/01)

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	Wm. H. Van Duzer	5615 Lewis Street	Ft. Myers Beach, FL 33931
Sec	Wm. H. Van Duzer	5615 Lewis Street	Ft. Myers Beach, FL 33931
	Wm. H. Van Duzer	5615 Lewis Street	Ft. Myers Beach, FL 33931

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: William H. Van Duzer 9/11/03 239-463-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 9/16