FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 FEB 29 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300119103503
02/29/08--01008--005 **1041.25

REINSTATEMENT 92-08

CR2E087 (12/07)

DOCUMENT # 724296

1. Corporation Name
Florida Care Foundation, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1602 Micanopy Avenue		1602 Micanopy Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33133	USA	33133	USA

4. Date Incorporated or Qualified To Do Business in Florida 09/08/1972

5. FEI Number 23-7197385 ☐ 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
Ira Sochet

Street Address (P.O. Box Number is Not Acceptable)
1602 Micanopy Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Miami	FL	33133

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _____ Date 2/21/08
REGISTERED AGENT MUST SIGN

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
PD	Ira Sochet	1602 Micanopy Avenue	Miami, FL 33133

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 contained in Chapter 119, 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: X _____ Ira Sochet 2/21/08 305-858-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/29 aw