

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006081

1. Corporation Name

ONGOING CARE SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

PARQUE INDUSTRIAL DEL OESTE. CARRETERA
CIUDAD COLON. LOCAL 3-B
COSTA RICA

~~330-1385~~
~~PO BOX 626216~~
MIAMI FL 33162



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2001

Suite, Apt. #, etc.

6545 44th St. N.
Suite, Apt. #, etc. #4007

5. FEI Number

65-1149426

Applied For

Not Applicable

City & State

City & State

Pinellas Park FL

Zip

Country

Zip

33781

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NACE, RICHARD A	PARQUE INDUSTRIAL DEL OESTE, CAR	COSTA RICA
V	JAVIER, JEFFREY M	PARQUE INDUSTRIAL DEL OESTE, CAR	COSTA RICA
S	NACE, BARBARA	PARQUE INDUSTRIAL DEL OESTE, CAR	COSTA RICA
T	JAVIER, NATALIE W	PARQUE INDUSTRIAL DEL OESTE, CAR	COSTA RICA
D	COVERT, HAROLD W	6545 44th St. N. #4007	PINELLAS PARK FL 33781

8. Name and Address of Current Registered Agent

WILKINSON, G. BARRY
696 FIRST AVENUE NORTH, STE 201
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

11/26/02

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-2002

Date

027-526-0702

Daytime Phone #