

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F11000003593

1. Corporation Name

INTERNATIONAL CARE MANAGEMENT SERVICES, LTD., INC.

300242003513
11/20/12--01029--010 **750.00

2. Principal Office Address - No P.O. Box #

2200 Lucien Way

3. Mailing Office Address

2200 Lucien Way

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

Suite 350

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 8/29/11

5. FEI Number

030486148

☐ 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

G. Richard Hostetter

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

2200 Lucien Way

Suite, Apt. #, Etc.

Suite 350

City

Maitland

State

FL

Zip Code

32751

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

11-7-12

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
CH/T/D	Richard Asta	2200 Lucien Way, Suite 350	Maitland, FL 32751
SNP/D	G. Richard Hostetter	2200 Lucien Way, Suite 350	Maitland, FL 32751
SP/D	Dave Edwards	4020 W. Gulf Drive	Sanibel, FL 33957

REINSTATEMENT

NOV 20 2012

R. HUNT

10. E-mail Address: rhostetter@ggi-x.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-12

407-949-0742