PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -9 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004309

1. Corporation Name
Atlantic Caregivers Inc.

Principal Place of Business	Mailing Address
4251 Spruce Creek Road Bldg I, Unit F Port Orange, FL 32127	4251 Spruce Creek Road Bldg. I Unit F Port Orange, FL 32127

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 8/22/96

5. FEI Number 59-3390552 Applied For / Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Grant Ostlund	54 Rivers Edge Drive	Palm Coast, Florida 32137

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-03/15/99--01144--025
****908.75 ****908.75

REINSTATEMENT 98-99 FD. 3/11/99

8. Name and Address of Current Registered Agent

Larry Wolfe
200A Johnkroy Road
Tallahassee, FL 32303-6643

9. Name and Address of New Registered Agent

Name: Grant Ostlund
Street Address (P.O. Box Number is Not Acceptable): 4251 Spruce Creek Road
Suite, Apt. #, Etc.: Bldg I, Unit F
City: Port Orange
State: FL Zip Code: 32127

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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 3/4/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. 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] Grant Ostlund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99
Date

904 322 3287
Daytime Phone #

CR2E081 (2-98)