

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F97000000172**

1. Corporation Name

LOGISTICARE, INC.

Principal Place of Business

1895 PHOENIX BLVD
306
COLLEGE PARK GA 30349

Mailing Address

1895 PHOENIX BLVD
306
COLLEGE PARK GA 30349

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1997

5. FEI Number

13-3765416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 01

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
PCEO	SHERMYEN, JOHN	8323 NW 12TH STREET, SUITE 109	MIAMI FL 33126
D	PAPA JOHN, JOHN	2100 FINANCIAL CENTER	DES MOINES IA 50300
D	SCHAFER, DERALE L	3489 ELMWOOD AVE	ROCHESTER NY 14610
D	Moseley, Rick	28 State St, 37 th Floor	Boston, MA 02109
D	SHEA, Chuck	28 State St, 37 th Floor	Boston, MA 02109
D	SVARN, JACK	P.O. Box 62	Chester, MD 21619

8. Name and Address of Current Registered Agent

SHERMYEN, JOHN
8323 NW 12 ST
#109
MIAMI FL 33126

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

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

900004672729-4
-11/08/01-701058-026
750000750.00
Date 10/19/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01 970-907-7596

Date Daytime Phone #

CR2E040 (8/01)