1 of 2

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FROM :VEHICARE CORP CFO FAX NO. :7049219643 May. 30 2006 02:07PM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY 31 PM 8:04

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003390

1. Corporation Name

VEHICARE CORP.

2. Principal Office Address	3. Mailing Office Address
5900-M Northwoods Business Pkwy.	5900-M Northwoods Business Pkwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charlotte, NC	City & State: Charlotte, NC
Zip: 28269 Country: USA	Zip: 28269 Country: USA

REINSTATEMENT 05-04

4. Date Incorporated or Qualified To Do Business in Florida: 06/30/1997

5. FEI Number: 161350659 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

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 by: NRAI Services, Inc. Stuart E. Gray
REGISTERED AGENT MUST SIGN

Date 5/30/06

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
C/D	Gosnell, Arthur	890 Clinton Square	Rochester, NY 14604
P/D	Oversteet, James	5900-M Northwoods Business Pkwy.	Charlotte, NC 28269
CFO	Dunn, Susan	5900-M Northwoods Business Pkwy.	Charlotte, NC 28269
VP	Moran, Craig	5900-M Northwoods Business Pkwy.	Charlotte, NC 28269
DIR	Way, Daniel	890 Clinton Square	Rochester, NY 14604
DIR	Fox, Richard	20 N. Union St.	Rochester, NY 14607

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: Susan Dunn VP Finance CFO 5/29/06 704-921-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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B. Mitchell MAY 31 2006

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

CORPORATION REINSTATEMENT

VEHICARE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

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