PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 4:04

DOCUMENT # F98000003016

1. Corporation Name
DIGITRACE CARE SERVICES, INC.

REINSTATEMENT 99-00

09-23-99 90002 050 $558.75

2. Principal Office Address	3. Mailing Office Address
286 CONGRESS ST.	(SAME AS PRINCIPAL)
Suite, Apt. #, etc.: 2nd FLOOR	Suite, Apt. #, etc.
City & State: BOSTON, MA	City & State
Zip: 02210 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/10/88

5. FEI Number: 04 3106156 ☐ 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: CSC

500003467655--6
-11/16/00--01051--004
****350.00 ****350.00

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32399

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: BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN AS I'S agent

Date: 10/24/2000

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
PRES/ CEO	JERRY MYERS	2900 INDIGOBUSH WAY	NAPLES, FLORIDA 34105
SEC/ CFO	CARL R. IBERGER	44 FIELD BROOK RD	MADISON, CT 06443

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 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: Carl R. Iberger 10/18/00 (800) 334-5085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #