

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004321

1. Corporation Name

LIFECARE TECHNOLOGIES, INC.

2. Principal Office Address

4710 Eisenhower Blvd.

Suite, Apt. #, etc.

A-10

City & State

Tampa, FL

Zip

33634

Country

USA

3. Mailing Office Address

4710 Eisenhower Blvd.

Suite, Apt. #, etc.

A-10

City & State

Tampa, FL

Zip

33634-6308

Country

USA

200009634032
12/23/02--01045--016 **750.00
REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/20/99

5. FEI Number

59-3579075

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

KAREN E. MALLER, ESQ.

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

Suite, Apt. #, Etc.

Suite 1210

City

St. Petersburg

State
FL

Zip Code

33701

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

Karen E. Maller

REGISTERED AGENT MUST SIGN

Date *12/19/02*

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
PST	Kulwant Grewal	4710 Eisenhower Blvd., A-10	Tampa, FL 33710

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:

Kulwant Grewal

KULWANT GREWAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02

Date

813-886-7500

Daytime Phone #

12/30

CR2E061 (9/01)