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FL010 - 10/05/00 C T System Online

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATI REINSTATEI	(2000 B) 16 1. 1. 14 1. 19 2	Katheri Secreta	RTMENT OF STATE ine Harris ry of State corporations		FILED  OO DEC -1 PM 2: 01		
DOCUMENT # POPUL 5580 (7			10		SECRETARY OF STATE TALLAHASSEE FLORIDA		
CaraVita Senior (	Care Management Se	rvices, Inc.					
2. Principal Office Addre 880 Holcombe B		3. Mailing Office Address 880 Holcombe Br		DEING	STATEMENT (X)		
Suite, Apt. #, etc.         Suite, Apt. #           C100         C100				4. Date Incorporated or Qualified To Do Business in Florida 11-15-1999			
217 4 21112		City & State Roswell, GA		5. FEI Number         Applied For           58-2469938         Not Applicable			
Zip 30076	Country	Zip 30076	Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
		7. Name and A	Address of Current Registe	ered Agent			
Name CT Corporation System  Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road  Suite, Apt. #, Etc.							
	ntation				State Zip Code FL 33324		
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  Date 1/ - 30 00							
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Titles	Name of Officers and/or Director		Street Address of Each Officer and/or Director		City / State / Zip		
President Laura E. (	Cayce	880 Ho	880 Holcombe Bridge Road, Suite C100		Roswell, GA. 30076		
Secretary Josh Cou	ghlin	880 Ho	880 Holcombe Bridge Road, Suite C100		Roswell, GA. 30076		
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					KE		
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: _	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING O	FFICER OR DIRECTOR	11/15	00 770-552-9188 Date Daytime Phone #		