

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 16 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

657972

1. Corporation Name

AMERICARE INTERNATIONAL, INC

Principal Place of Business

Mailing Address

3412 HANDY ROAD
TAMPA FL 33618

PO BOX 280155
TAMPA FL
33682-0155

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

2. New Principal Office Address, If Applicable

3412 HANDY ROAD

3. New Mailing Office Address, If Applicable

PO BOX 280155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA FL

Zip

33618

Country

USA

Zip

33682-0155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

September 1, 1983

5. FEI Number

592300411

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	3	4
1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Robert S. ALDRICH	3412 HANDY ROAD	TAMPA FL 33618
			200002594752--2
			-07/22/98--01009--008
			***1208.75 ***1208.75

REINSTATEMENT

95-98

7/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert S. Aldrich
3412 HANDY Road
TAMPA, FL 33618

Name

Robert S. Aldrich

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

3412 HANDY Road

Suite, Apt. #, Etc.

FL

City

TAMPA

State

Zip Code

FL

33618

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

Date

7/14/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

ROBERT S. ALDRICH

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/98 813 4045637

Date

Daytime Phone #

CR2E040 (12/96)