PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR	FLORIDA DEPARTMEI Sandra B. Mor	rtham	FILED	
REINSTATEMENT	Secretary of S		\$ 3 Junis Summ Smill	
0004	DIVISION OF CORPO	RATIONS	97 JAN -6 PM 2: 44	
DOCUMENT # G66484			CEORETARY OF STATE	
GOLD COAST EXTENDED HEALTH CARE SERVICES, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		·		
Principal Place of Business	Mailing Address		. 1861) 1 8618 8718 8718 8181 1 888 8181 8181 8	
911 E. ATLANTIC BLVD., #104 911 E. ATLANTIC BLVD., #104 POMPANO BEACH FL 33060-7372 POMPANO BEACH FL 33060-7372				
1 OMI AIRO DEAON 12 000007072	TOWN AND DESCRIPTION OF THE STATE OF THE STA		C.	
	t to the second and a	tlan factory	REINSTATEMENT ()	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified	
uite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 10/26/1983	
City & State	State City & State		59-2368150 Applied For Not Applicable	
Zip Country	ZipCounts		6. S8.75 Additional Fee required	
			for a Certificate of Status	
Names and Street Addresses of Each Officer and Name of Officers	Sh	reet Address of Each		
Title(s) and/or Directors 2	3 (Do NOT U	fficer and/or Director ise Post Office Box N	City / State / Zip	
DPT VERVILLE, MARY FAY	2530 NW 112TI	H AVENUE	CORAL SPRINGS FL	
DVS SCHULTZ, RICHARD D. 41 BAY COLONY DRIVE			FT. LAUDERDALE FL	
			8000020519684 -01/03/9701021006	
			****375.00 ****375.00	
			JB1-10-97	
8. Name and Address of Current	Registered Agent		Name and Address of New Registered Agent	
VERVILLE, MARY FAY				
911 E. ATLANTIC BLVD. #202		Street Address (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33064 Suite, A			, Apt. ≑, Etc.	
		City	State Zip Code	
10. I, being appointed the registered agent of the adove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Registered Agent 100 Land Substitution Date 1015/50 REGISTERED AGENT MUST SIGN				
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 filling 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: Mary Jay Verwelle, Pres 12/5/94 954) 752-0219				
SIGNATURE AND THEE OF SE	ANTED NAME OF SIGNING OFFICED OF	DIRECTOR	J Date Davtime Phone €	