


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>H80896</u>		FILED 99 FEB -3 PM 3: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name YOUR FAMILY CARE CENTER, INC.			
Principal Place of Business 2667 Enterprise Road Orange City, FL 32763		Mailing Address 2667 Enterprise Road Orange City, FL 32763	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 11/26/1985	
		5. FEI Number 59-2603237	
		6. <u>Certified Copy</u> CERTIFICATE OF STATUS OF SIRE <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4.
P/S/D	VELLEFF, THOMAS K., M.D.	2667 Enterprise Road	Orange City, FL 32763
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VELLEFF, THOMAS K., M.D. 2667 Enterprise Road Orange City, FL 32763		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc	
		City	State
		FL	
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 <u>Thomas K. Velleff</u>		Date 2-2-99	
THOMAS K. VELLEFF, M.D.			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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.			
SIGNATURE: <u>Thomas K. Velleff</u>		2-2-99 904-774-2809	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS K. VELLEFF, M.D.		Date Daytime Phone #	

CR2E040 (1/98)