

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01 NOV 26 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H86896

**1. Corporation Name**

Your Family Care Center, Inc.

**2. Principal Office Address**

2667 Enterprise Road

Suite, Apt. #, etc.

#5

City & State

Orange City, FL

Zip

32763

Country

USA

**3. Mailing Office Address**

2667 Enterprise Road

Suite, Apt. #, etc.

#5

City & State

Orange City, FL

Zip

32763

Country

USA

**REINSTATEMENT** 2000-2001

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

11/26/85

**5. FEI Number**

59-2603237

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

Thomas K. Velleff, M.D.

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

2667 Enterprise Road

Suite, Apt. #, Etc.

#5

City

Orange City,

State

FL

Zip Code

32763

800004721338 -6

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\*\*\*\*\*908.75 \*\*\*\*\*908.75

**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

Thomas K. Velleff, M.D.

Date

REGISTERED AGENT MUST SIGN

**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
<u>P/S/D</u>	<u>Thomas K. Velleff, M.D.</u>	<u>2667 Enterprise Road, #5</u>	<u>Orange City, FL 32763</u>

**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:

Thomas K. Velleff, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 714-2273

CR2E081 (9/00)