

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 25 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L19230**

1. Corporation Name
CYBERCARE INC
2755 SOUTH FEDERAL HIGHWAY SUITE 16
BOYNTON BEACH, FLORIDA 33435

500023513565
10/02/03-01053-008 ***150.00

2. Principal Office Address

CYBERCARE INC
Suite, Apt. #, etc.
2755 S. FEDERAL HIGH

City & State

BOYNTON BEACH

Zip

FL

Country

33435

3. Mailing Office Address

CYBERCARE INC

Suite, Apt. #, etc.

P.O. BOX 243159

City & State

BOYNTON BEACH, FL

Zip

33424-3159

Country

USA

REINSTATEMENT **03**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0158479

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

ALAN ADEKSON

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

C/O CYBERCARE INC

Suite, Apt. #, Etc.

2755 S. FEDERAL HIGHWAY SUITE 16

City

BOYNTON BEACH

State

FL

Zip Code

33435

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

[Signature]

Date **9/20/03**

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
D EUP	ALAN ADEKSON	2755 S. FEDERAL HIGHWAY	BOYNTON BEACH, FL 33435
CEO DIR	JOE FORSE	2755 S. FEDERAL HIGHWAY	BOYNTON BEACH, FL 33435

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/03

Date

361-375-6401

Daytime Phone #

CR2E081 (10/02)

CyberCare Inc.
2755 South Federal Highway Suite 16
Boynton Beach, Florida 33435
561-375-6401

September 20, 2003


Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Corporation Reinstatement

Gentlemen:

CyberCare Inc., has moved two of its primary locations within the last seven months. The company did not receive any information to indicate that the annual UBR was due. We would appreciate a waiver of any outstanding fees associated with this re-location. I have included with this letter a check in the amount of \$150.00, which represents the fee due upon the filing of the "Corporation Reinstatement Form" after a discussion with one of your examiners a few days ago. If there is any problem with the attached, please call me at 561-301-5869. This is my cell phone, and I carry it with me all the time.

Sincerely,


Alan H Adelson
Executive Vice President

CC: File
Joe Forte, President, CEO

Enc: Check # 1027-\$150.00-Riverside National Bank