

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 NOV -3 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L41442

1. Corporation Name

Lifecare Acquisition Corp.

Principal Place of Business

Mailing Address

621 N.W. 53rd Street  
Suite 450  
Boca Raton, FL 33487

621 N.W. 53rd Street  
Suite 450  
Boca Raton, FL 33487

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

4. Date Incorporated or Qualified  
To Do Business in Florida

1/10/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0321433

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
COB	Weissman, Michael Delete	621 N.W. 53rd Street #450	Boca Raton, FL 33487
PSD	Weissman, Richard Delete	621 N.W. 53rd Street	Boca Raton, FL 33487
VPT	Pryor, Thad Delete	621 N.W. 53rd Street	Boca Raton, FL 33487
PS	Smith, Lawrence Add	621 N.W. 53rd Street,	Boca Raton, FL 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lawrence Smith  
621 N.W. 53rd Street, Suite 450  
Boca Raton, FL 33487

Name

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

Suite, Apt. #, Etc.

City

600002679856-5  
-11/04/98-01028-017  
\*\*\*\*200.00 State \*\*\*\*200.00  
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

*Lawrence Smith*

REGISTERED AGENT MUST SIGN

Date 10-31-98

600002679856-5  
-11/04/98-01028-017

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

\*\*\*\*\$8.75 on other side for information  
on intangible tax \$8.75

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:

*Lawrence Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-98 (561) 994-6226

Lawrence Smith, President

CR2E040 (1/98)