

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 23 AM 10:48

DOCUMENT # *N01000000230*

1. Corporation Name

*Continuum Care: Personal Care  
Management & Consulting, Inc.*

700024251177  
10/23/03--01021--014 \*\*236.25

**REINSTATEMENT** 03

2. Principal Office Address

*1026 E Park Ave*

Suite, Apt. #, etc.

3. Mailing Office Address

*PO Box 13237*

Suite, Apt. #, etc.

City & State

*Tallahassee FL 32301*

City & State

*Tallahassee FL*

Zip

*32301*

Country

Zip

*32317*

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*1-10-01*

5. FEI Number

*59-3695591*

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

*Toni Nelson*

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

*2061 Dellwood Drive*

Suite, Apt. #, Etc.

City

*Tallahassee*

State

**FL**

Zip Code

*32303*

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

*Toni Nelson*

Date

*10-23-03*

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
<i>PD</i>	<i>Tom Knox</i>	<i>1822 Chardonay Pl</i>	<i>Tallahassee FL 32346</i>
<i>D T.S</i>	<i>Bryan Desloge</i>	<i>1213 Miccosukee Rd</i>	<i>Tallahassee FL 32308</i>
<i>D</i>	<i>Janice Wise</i>	<i>2639 N. Monroe St</i>	<i>Tallahassee FL 32302</i>
<i>D</i>	<i>Walter Forehand</i>	<i>125 S. Gadsden St</i>	<i>Tallahassee FL 32301</i>
<i>D<sup>o</sup></i>	<i>Toni Nelson</i>	<i>2061 Dellwood Dr</i>	<i>Tallahassee FL 32303</i>

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:

*Toni Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-23-03*

Date

*850*

*385-4300*

Daytime Phone #

CR2E081 (10/02)