

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 # NO1000 000230

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

3. Mailing Office Address

PO Box 13237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL 32301

City & State

Tallahassee FL

Zip

Country

32301

Zip

Country

32317

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

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)