PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 12 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001274

1. Corporation Name
Coastal Care Center, INC.

REINSTATEMENT

05/24/02 9/335 039 $ 61.25

2. Principal Office Address	**3.** Mailing Office Address
236 N. Frederick Ave	236 N. Frederick Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Daytona Beach FL	Daytona Beach FL
Zip: 32114 Country:	Zip: 32114 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2/22/01

5. FEI Number: 59-3711171 ☐ 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: Frederick Metivier

Street Address (P.O. Box Number is Not Acceptable): 637 Vera St.

100008901441
11/12/02--01025--001 **183.75

Suite, Apt. #, Etc.:

City: Daytona Beach | State: FL | Zip Code: 32114

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: Frederick Met
REGISTERED AGENT MUST SIGN

Date: 11-7-02

CR2E081 (9/01)

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
V/D	Lee, Norma J	636 Willie Dr	Daytona Beach, FL 32114
D	Potter, Will	P.O. Box 909358	Daytona Beach, FL 32120
P/D	Metivier, Sabrina	637 Vera St.	Daytona Beach, FL 32114
S/D	COVINGTON, Garrette	532 Dr. Mary McLeod Bethune Blvd	Daytona Beach, FL 32114
T/D	Bryant, James	919 Vernon St.	Daytona Beach, FL 32114
D	Redding, Dariem	837 Martin Luther King Jr. Blvd	Daytona Beach, FL 32114

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: Sabrina Metivier - Sabrina Metivier 11-7-02 (386) 334-8587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #