

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -7 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000007204

1. Corporation Name

Vital Care Charitable Foundation Inc

2. Principal Office Address - No P.O. Box #

1209 Edgewater Dr

3. Mailing Office Address

1209 Edgewater Dr

Suite, Apt. #, etc.

Ste 101

Suite, Apt. #, etc.

Ste 101

City & State

Orlando FL

City & State

Orlando FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-10-01

5. FEI Number

59-3756797

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

Steven G. Bissinger, CPA, PA

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

1209 Edgewater Dr Ste 101

Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32804

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 8-3-07

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 |
|--------|--------------------------------------|---|-------------------------------|
| Pres | William P Kennedy | 4121 SW 34TH ST | Orlando FL 32811 |
| VP | Courtney McGowan | 19432 Foggy Bottom Rd | Bluemont VA 20135 |
| Sec | Ashley Kennedy | 414 Forest St | Windermere FL 34786 |
| Treas | Steven G. Bissinger | 1209 Edgewater Dr | Orlando FL 32804 |
| | | | 100107438461 |
| | | | 08/07/07--01021--004 **306.25 |

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN G. BISSINGER

Date

8/3/07

Daytime Phone #

407-422-5831