

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000006539

1. Corporation Name

Central Care, Inc.

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

137 Mileham Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

Orange

3. Mailing Office Address

P.O. Box 580038

Suite, Apt. #, etc.

City & State

Orlando

Zip

32858

Country

Orange

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04/29/10--01011--024 **236.25

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

14-1910968

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

Linton Morris

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

137 Mileham Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Linton Morris

REGISTERED AGENT MUST SIGN

Date 4/22/10

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
P	Elaine Morris	137 Mileham Dr	Orlando FL 32835
VP	A L Morris	P.O. Box 683345	Orlando FL 32868
S	Veronica Phillips	P.O. Box 580038	Orlando, FL 32858

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Elaine Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/10

Date

4074238055

Daytime Phone #

7/22/10