

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 22 PM 12:41

DOCUMENT # N93000004939

1. Corporation Name

INTECARE, INC.

Principal Place of Business

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
STE. 810
JACKSONVILLE FL 32216

3627 UNIVERSITY BLVD. SOUTH
STE. 810
JACKSONVILLE FL 32216



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3627 University Blvd South

3627 University Blvd South

City & State Suite 720
Jacksonville, FL 32216

City & State Suite 720
Jacksonville, FL

Zip 32216 Country DUAL

Zip 32216 Country DUAL

5. FEI Number

59-3217514

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	GELANDER, GUY T MD Kenneth Hagan	1731 UNIVERSITY BLVD S 5757 Booth Road	JACKSONVILLE FL
CD	SPATOLA, MARK M E. Rumson Griffin	4003 SALISBURY RD 105 Foxridge	JACKSONVILLE FL Orange Park, FL
D	KRUGER, HAROLD	3627 UNIVERSITY BLVD S SUITE 740 720	JACKSONVILLE FL
SD	KRIEGER, ROBERT	2001 KINGSLEY AVE	ORANGE PARK FL
C	SMITH, GR Terena Van Arkel	2001 KINGSLEY AVE	ORANGE PARK FL
C	ETHEREDGE, REX	3627 UNIVERSITY BLVD, S	JACKSONVILLE FL 10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

400003033164--5

Suite, Apt. #, Etc.

-11/02/99--01104--001

City

*****61.25

State FL

Zip Code

*****61.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/19/99

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date

341-1242

Daytime Phone #



3627 University Boulevard South
Jacksonville, FL 32216
904.391.1243 Phone
904.391.1398 Fax

October 19, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed please find our completed *Application for Reinstatement*. We ask that you please waive the reinstatement fee. We had never received the blue and white *Annual Report* form.

We notified the Division of Corporations that we never received the *Annual Report* form and were told that one would be forthcoming. We have enclosed our check for \$61.25 for the Annual Report fee.

Please call me at (904) 391-1242 if you have any questions or comments.

Sincerely,

A handwritten signature in dark ink, appearing to read "Harold W. Kruger".

Harold W. Kruger
Executive Director

Enclosure