

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TV

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -9 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002444

1. Corporation Name

OptimaCare, Inc

2. Principal Office Address

2800 W. OAKLAND PARK
Blvd.
Ste 100

3. Mailing Office Address

5818 SW. 117th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Cooper City, FL

Zip

Country

Zip

Country

33311

US

33330

US

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 1997

5. FEI Number

65-0705917

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

David R. Freedman

200003178932-2

-03/22/00--01005--017

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

5818 SW. 117th Ave

****122.50 ****122.50

Suite, Apt. #, Etc.

200003178932-2

-03/22/00--01005--018

City

Cooper City

State

Zip Code

FL

33330

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

David R. Freedman

REGISTERED AGENT MUST SIGN

Date 2/7/2000

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	Wallin, Bruce	3830 SW. Court	Ft. Laud. FL
VP	Besner, Hilda	1144 SE. 3 rd Ave	Ft. Laud. FL
S	Ronik, Steve	4740 N. STR 7 Ste 10	Ft. Laud. FL
T	Tomczyk, Thomas	819 NE. 26 th St.	Ft. Laud. FL
D	David Freedman	920 NW. 7 th Ave	Ft. Laud FL
			KE

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:

David R. Freedman

David Freedman

2/7/2000

Date

954

774-1696

Daytime Phone #

CR2E081 (9/99)



OPTIMACARE, INC.

Broward's Circle of Care

2

February 7, 2000

MEMBERS

ALLIANCE FOR
BEHAVIORAL CARE
INC.

FAMILY CENTRAL

FAMILY SERVICE
AGENCY, INC.

HENDERSON
MENTAL HEALTH
CENTER

KIDS IN DISTRESS
INC.

THE CHILDREN'S
HOME SOCIETY OF
FLORIDA
INTERCOSTAL
DIVISION

SPECTRUM
PROGRAMS, INC.

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please consider this letter and the enclosed application for reinstatement of the named corporation. I am requesting waiver of the reinstatement fee since the paperwork was never received. Somehow when the mailing address changed the appropriate paper work was never forwarded by the U.S. Postal Service and the notifications were never received. Enclosed please find the application and the check as directed by your office.

Thank you for your consideration of this matter.

Sincerely,


Dave Freedman, Director

2800 WEST OAKLAND PARK BLVD., SUITE 100
FT. LAUDERDALE, FL 33311-1363
(954) 779-1696