

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 23 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99000001460

1. Corporation Name

RESTORATION CARE MINISTRIES, INC.

300103190743
05/24/07--01001--002 **533.75

CR2E081 (1/07)

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

17 JUNIPER PASS TRL.

Suite, Apt. #, etc.

3. Mailing Office Address

17 JUNIPER PASS TRL.

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34480

Country

USA

City & State

OCALA, FL

Zip

34480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

99 MAR-5 AM 8:29

5. FEI Number

59-3568367

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

JAMES T. WARE

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

17 JUNIPER PASS TRL.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34480



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

James J. Ware

REGISTERED AGENT MUST SIGN

Date 5-18-07

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
P/C/D	JAMES T. WARE	17 JUNIPER PASS TRL.	OCALA, FL. 34480
T/D	MICHAEL A. FLOYD	209 PLEASANT HILL DR.	CLERMONT, FL. 34711
S/D	WALTER C. MCGRIFF	2260 RIDGE AVE.	CLERMONT, FL. 34711

REINSTATEMENT

00-07

[Signature]

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

James J. Ware

JAMES T. WARE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-07

Daytime Phone #

(352)454-3711