

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000043731

1. Corporation Name

VIRGIN ISLAND CARE, INC.

Principal Place of Business

2050 AVENUE G
RIVIERA BEACH FL 33404

Mailing Address

P.O. BOX 12274
LAKE PARK FL 33403

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 530274

Lake Park FL

33403

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2000

5. FEI Number

65-1060221

Applied For

Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PVST	BEDMINSTER, GAIL	P.O. BOX 12274 P.O. Box 530274	LAKE PARK FL 33403
D	BEDMINSTER, GAIL	P.O. BOX 12274 P.O. Box 530274	LAKE PARK FL 33403

300004717093--8
12/10/01 01096-013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BEDMINSTER, GAIL
5076 SOCIETY PLACE WEST, #5E
W. PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Riviera Beach

FL

33404

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/12/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gail Bedminster

10/12/01 561-662-6547

CR2E040 (8/01)