

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 10 12:32

DOCUMENT # P00000050212

1. Corporation Name

Precision Care Inc.

2. Principal Office Address

342 N. Corbin Ave

Suite, Apt. #, etc.

City & State

INVERNESS FL

Zip 34453 Country USA

3. Mailing Office Address

342 N. Corbin Ave

Suite, Apt. #, etc.

City & State

INVERNESS FL

Zip 34453 Country USA

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 16, 2000

5. FEI Number

593652375

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

Rob Humphrey

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

342 N. Corbin Ave

Suite, Apt. #, Etc.

City

INVERNESS

State

FL

Zip Code

34453

900057594869

07/15/05--01007--001 **100.00

900057594869

08/12/05--01042--007 **248.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/7/05

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	Rob Humphrey	342 N. Corbin Ave	INVERNESS FL 34453
VP	Samantha Humphrey	" "	" " 34453

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

[Signature] Rob Humphrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05

Date

352-341-4004

Daytime Phone #

CRZED01 (01/05)