

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 31 PM 4:16

DOCUMENT # P00000066705

1. Corporation Name

QUALITY "CARE" RELIEF, INC.

Principal Place of Business

12076 SW 251 TERR
PRINCETON FL 33032

Mailing Address

12076 SW 251 TERR
PRINCETON FL 33032



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

4141 North Miami Ave

Suite, Apt. #, etc.

Suite 210

City & State

Miami, FL

Zip

33127

Country

U.S.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2000

5. FEI Number

65-1027281

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Nathaniel J. Sweet	12076 SW 251 TR.	Princeton, FL 33032
V	Derrick L. Boie	21240 Vanburen St.	Southfield, MI 48034

300004769943--1
-01/11/02--01062--010
****758.75 ****758.75

8. Name and Address of Current Registered Agent

SWEET, NATHANIEL J
12076 SW 251 TERR
PRINCETON FL 33032

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Nathaniel J. Sweet
REGISTERED AGENT MUST SIGN

Date

12/27/01

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:

Nathaniel J. Sweet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/01

Daytime Phone #

(305) 479-8761

CR2E040 (8/01)