

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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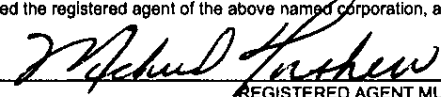
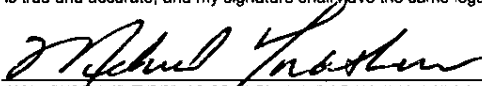
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300150951173

04/17/09--01037--009 **450.00

REINSTATEMENT

07-09

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000068045			
1. Corporation Name Professional Therapeutic Care Inc.			
2. Principal Office Address - No P.O. Box # 134 S. Cypress Rd #412		3. Mailing Office Address 2680 NE 20th St	
Suite, Apt. #, etc. #412		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33060	Country USA	Zip 33062	Country USA
7. Name and Address of Current Registered Agent			
Name Michael Trathen			
Street Address (P.O. Box Number Is Not Acceptable) 2680 NE 20th St			
Suite, Apt. #, Etc.			
City Pompano Beach		State FL	Zip Code 33062
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 		Date 4/13/08	
REGISTERED AGENT MUST SIGN			
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
owner	Michael Trathen	2680 NE 20th St Pompano Beach, FL 33062	→ 33062
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: 		4/13/08 (954) 899-1144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

4/20/08

Pr 2/2/09

Request for Waiver

To: Whom it May Concern

Date: 4/13/09

From: Michael Trathen
134 S. Cypress RD. #412
Pompano Beach, Fl 33060
Phone: 954-899-1144

Company Name: Professional Therapeutic Care Inc.

FEI / EIN: 651029954

My name is Michael Trathen and I am writing you to explain the circumstances as to why I was unable to reinstate my corporations over the past few years. I was called to active service with the United States Air Force in 2006. While serving over in the Gulf I sustain and injury, in which I became disabled. I have been unable to work over the past few yrs secondary to my injuries. I have been through a lot of surgeries and rehabilitation over the past few years. And I am hoping to be able to do some work and get some independence. I have lost a lot in past couple of years including my home. But, I am trying to get my business going again.

I went to reinstate my Corporation and was unable to, because they said that it would cost \$1050.

I then called your office and spoke with Barbara Mitchell. She instructed me to write this letter and explain to details of my situation and they would waive part of the fee and would owe \$450. I was instructed to include a check for the \$450 with this letter and application, so I did.

If you would need any documentation/proof of my condition, please let me know. I would really like to try and get my business going. So, please process my paperwork as soon as possible. Thanks you so much!!!

Sincerely,



Michael Trathen
2680 NE 20th St.
Pompano Beach, Fl 33062