

FROM : REG Group

FAX NO. : 2013483522

Nov. 30 2004 01:18PM P2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000088515

1. Corporation Name

Geriatrx Care, Inc.

1050 S.E. Monterey Road

REINSTATEMENT 02-04

MRS

2. Principal Office Address

1050 S.E. Monterey Road

3. Mailing Office Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34994

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 9/18/2000

5. FEI Number
651043673

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Walter R. Gil

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

1050 S.E. Monterey Road

Suite, Apt. #, Etc.

#201

City

Stuart

State

FL

Zip Code

34994

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 11/30/04

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
Pres	Walter R. Gil	1050 S.E. Monterey Road	Stuart, FL34994

651043673
12/10/04--01066--002 **450.00

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)(b), 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 #

11/30/04 772-287-3332

FROM : REG Group

FAX NO. : 2013483522

Nov. 30 2004 01:05PM P3



Geriatr Care, Inc.

1050 S.E. MONTEREY RD., #201
STUART, FL 34994
TELEPHONE: (772) 287-3332
FAX: (772) 287-3042

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may Concern:

We have enclosed herewith a completed Corporation Reinstatement document. In addition, we have enclosed a check for \$450 which we respectfully request you accept in full payment of the reinstatement fee and penalties

As you can see the address of our corporation changed and for what ever reason we did not receive copies of the annual reports. If we had received copies of them they would have been completed and filed

In the future, we would make every effort to successfully file the annual report so we do not run into this type of problem again.

It would be of inestimable value to us, if you would look kindly upon our request for an abatement and please accept the \$450 as full payment.

If there are any questions, please do not hesitate to contact me at 201-348-6670.

Thank you for you attention to this matter.

Very Truly Yours,

A handwritten signature in black ink, appearing to be 'Wesley' or similar, written over a horizontal line.

Enclosure: Check
Via Certified