

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000101831			
1. Corporation Name GLOBAL SENIOR CARE, INC.			
Principal Place of Business 3912 SOUTH OCEAN BLVD. #405 HIGHLAND BEACH FL 33487		Mailing Address 3912 SOUTH OCEAN BLVD. #405 HIGHLAND BEACH FL 33487	
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		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 10/25/2000		5. FEI Number 65-1055364 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
PVD	KOFF, CRAIG	3912 SOUTH OCEAN BLVD. #405	HIGHLAND BEACH FL 33487
8. Name and Address of Current Registered Agent KOFF, CRAIG 3912 SOUTH OCEAN BLVD. #405 HIGHLAND BEACH FL 33487		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	
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.		Date 11/23/01	
Signature of Registered Agent REGISTERED AGENT MUST SIGN		Date 11/23/01	
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: CRAIG KOFF, PRESIDENT 11/23/01 561-445-4250 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



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Handwritten signature/initials

CR2E040 (8/01)

Global Senior Care, Inc.

3912 S. Ocean Blvd. #405
Highland Beach, Fl. 33487

Phone (561) 445-4250
Fax (561) 276-6365

Ms. Katherine Harris
Secretary of State
Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314

November 23, 2001

Dear Ms. Harris:

I recently received a notice of administrative dissolution of my corporation from your office. I was completely surprised by this notice since I had not previously been in receipt of ANY notification of the need to file this form. Perhaps due to the fact that I incorporated on October 25, 2000, I was not on the list to receive a notice in timely fashion of the 2001 renewal.

It would be a hardship at this time to pay a reinstatement fee of \$750.00 and I believe it is unreasonable to require me to do so under the above circumstances. Therefore, I am enclosing a check for \$150.00 and request your consideration of this matter.

Thank you again for your consideration.

Sincerely,



Craig Koff
President