

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO10000 24655*

1. Corporation Name

Advanced Geriatric Care Management

2. Principal Office Address

4850 NW 5th Ave

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33431

Country

US

3. Mailing Office Address

4850 NW 5th Ave

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33431

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

MAR 8 2001

5. FEI Number

65-1097785

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

JAMES T. HANNIFAN

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

4850 NW 5th Ave

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

James T. Hannifan
REGISTERED AGENT MUST SIGN

Date

6/27/03

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
<i>Pres.</i>	<i>JAMES T. HANNIFAN</i>	<i>4850 NW 5th Ave</i>	<i>Boca Raton FL 33431</i>

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:

James T. Hannifan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. HANNIFAN

Date

6/27/03

Daytime Phone #

561-756-7156

James Hannifan
Advanced Geriatric Care Management
4850 NW 5th Ave.
Boca Raton, FL 33431

June 27, 2003

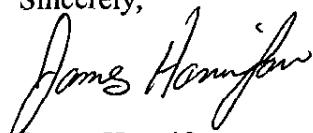
This is to notify the State of Florida that Advanced Geriatric Care Management.
EIN 65-1097785 would like to be reinstated to active status.

Prior UBR notice was never received by Advanced Geriatric Care Management..

Please note change of Registered Agent to James Hannifan. Rebecca Hamilton, an attorney, was originally the registered agent at formation of the corporation. She is no longer my attorney, has married, changed her name, and moved. No mail was forwarded to me from her.

Enclosed is a check for \$308.75 for filing without penalty (per Cathy 6/26/03) which includes \$8.75 additional fee for a Certificate of Status.

Sincerely,



James Hannifan.