PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 APR -2 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000030964

1. Corporation Name
Care Coordinators, Inc.

3/25/03 01041 210-900.00
02-03

2. Principal Office Address	3. Mailing Office Address
111 NW 183rd St	111 NW 183rd St.
Suite, Apt. #, etc. 405	Suite, Apt. #, etc. 405
City & State Miami, FL	City & State Miami, FL
Zip 33169 / Country US	Zip 33169 / Country US

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/2001

5. FEI Number: 01-0658814 ☐ 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: Carol Johnson

Street Address (P.O. Box Number is Not Acceptable): 111 NW 183rd St

Suite, Apt. #, Etc.: 405

City: Miami | State: FL | Zip Code: 33169

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 03/20/03

REGISTERED AGENT MUST SIGN

CR2E061 (1/01)

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
D	Carol Johnson	8069 Lake Point Court	Plantation, FL 33322
D	Willa Range	3604 SW 165th Avenue	Miramar, FL 33027
D	Shelia McKenzie-Foster	16523 SW 36th Court	Miramar, FL 33027

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: _____ Carol Johnson, Director — 03/20/03 — 305/655-1668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #