

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 29 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034538

1. Corporation Name

TECHNICARE, INC.

2. Principal Office Address

2523 WINDWARD WAY

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32792

Country

USA

3. Mailing Office Address

PO Box 300

Suite, Apt. #, etc.

City & State

FERN PARK FL

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 25, 2002

5. FEI Number

04-3636352

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

ROBERT G. ADDONIZIO

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

2523 WINDWARD WAY

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

500038396155

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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

Robert G. Addonizio
REGISTERED AGENT MUST SIGN

Date 6/18/2004

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
<u>P</u>	<u>ROBERT G. ADDONIZIO</u>	<u>2523 WINDWARD WAY</u>	<u>WINTER PARK, FL 32792</u>

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:

Robert G. Addonizio

Robert G. ADDONIZIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/04

Daytime Phone #

407-748-6090

CR2001 (01/04)