

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

DOCUMENT # PO 2000054345

1. Corporation Name

FIDELITY CARE MANAGEMENT, INC.
2001 POLK STREET
HOLLYWOOD, FL 33020

2. Principal Office Address

2001 POLK STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33020

Country

U.S.A.

Zip

Country

REINSTATEMENT

04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/02

5. FEI Number

020626910

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

ORLANDO J. VALDES

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

2001 POLK STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Orlando J. Valdes

Date

12-29-04

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
<u>D</u>	<u>ORLANDO J. VALDES</u>	<u>2001 POLK STREET</u>	<u>HOLLYWOOD, FL 33020</u>

988843744189
12/30/04--01044--007 **150.00

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)(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:

Orlando J. Valdes

12-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

292

FIDELITY CARE MANAGEMENT, INC.
2001 POLK STREET
HOLLYWOOD, FL 33020
954-927-2001

December 29, 2004

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

Re: Fidelity Care Management, Inc.
PO 2000054345

Gentlemen:

**We did not receive notice of the annual report for Fidelity Care Management, Inc.,
due for the year 2004, pursuant to 607.193(1)(b), Florida Statutes.**

We request fee to be waived.

Sincerely,

Orlando J. Valdes

Orlando J. Valdes
Officer, Director