

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
03 NOV -7 AM 11:12

DOCUMENT #

PO2000113645

1. Corporation Name

Senior Care Biz, INC

2. Principal Office Address

36511 U.S Hwy 19

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip

Country

34684

Pine 1125

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-02

5. FEI Number

01-0748467

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

Deborah Reed

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

3556 Dove Hollow Ct

Suite, Apt. #, Etc.

City

Palm Harbor FL

State

FL

Zip Code

34683

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

Deborah Reed

REGISTERED AGENT MUST SIGN

Date

11/04/03

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
PRES	Deborah Reed	3556 Dove Hollow Ct	Palm Harbor FL 34683

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/03

Date

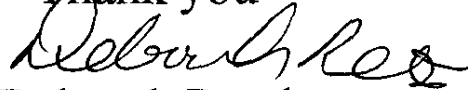
Daytime Phone #

227-365-4177

Senior Care Biz, Inc

I have only been in business for 1 year and did not receive any forms, also my old accountant was not very good .I am asking you to please wave my fees . I am only a small company.

Thank you

A handwritten signature in cursive script, appearing to read "Deborah Reed".

Deborah Reed