

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000000443**

1. Corporation Name

**OPTIMUMCARE STAFFING, INC.
c/o RUDEN MCCLOSKEY**

2. Principal Office Address

**STE 1750
111 N. ORANGE AVE**

Suite, Apt. #, etc.

STE 1750

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Office Address

111 N. ORANGE AVE.

Suite, Apt. #, etc.

STE. 1750

City & State

ORLANDO, FL

Zip

32801

Country

USA

FILED

04 OCT 20 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/2/2003

5. FEI Number

71-0924653

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

WILLIAM F. SUTTON, JR.

300043245103

12/07/04--01072--011 **758.75

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

111 N. ORANGE AVE.

Suite, Apt. #, Etc.

STE. 1750

City

ORLANDO

State

FL

Zip Code

32801

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

William F. Sutton, Jr.

REGISTERED AGENT MUST SIGN

Date

10/15/04

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
DIRECTOR CEO	EDWARD JOHNSON	30011 INY GLENN DR STE 215	LAGUNA NIGUEL CA 92677
CFO DIRECTOR SECTY	PETER MCMAHON	30011 INY GLENN DR STE 219	LAGUNA NIGUEL CA 92677

300043245103
10/20/04--01018--001 **758.75

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:

Edward Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CEO
EDWARD JOHNSON**

Date

9/30/04

Daytime Phone #

949

775-1100

CR20081 (10/02)