

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10FZ

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC -7 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000039921**
1. Corporation Name **Fairfield Professional Care Providers,**

~~700082357677~~
12/07/06 01035-003 **350.00

REINSTATEMENT

2. Principal Office Address
221 E. Garden St.
Suite, Apt. #, etc.
3 West
City & State
Pensacola, Florida
Zip
32502 Country
USA

3. Mailing Office Address
221 E. Garden St.
Suite, Apt. #, etc.
3 West
City & State
Pensacola, Florida
Zip
32502 Country

4. Date Incorporated or Qualified To Do Business in Florida **2003**

5. FEI Number **56-2352848** 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 **LORETTA T. BERANG**
Street Address (P.O. Box Number is Not Acceptable)
910 Colbert Ave
Suite, Apt. #, Etc.
FE SUITE 3 WEST
City
Pensacola

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12/07/06 FL 01035-003 **450.00

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 **Loretta Berang** Date **11/23/2006**
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
D	Loretta BERANG	910 Colbert Ave	Pensacola, FL 32507

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12/07/06 01035-003 **450.00

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 contained in Chapter 119, 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: **Loretta Berang (Loretta BERANG)** Date **11/23/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Fairfield Professional Care
221 E. Garden Street
Suite 3 West
Pensacola, Florida 32502
850-437-0704

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

RE: Re-instatement Fees and Application

To Whom It May Concern:

This letter is to advise your offices that the notice to Reinstatement by way of letter, notice and/or application; was never received by our offices in 2004. Upon contacting your offices recently we were advised the necessary steps required to reinstate our corporation filing.

Please note the enclosed Cashiers check for: \$ 450.00 as instructed to reinstate our corporation.

Please reactivate our corporation per this letter, required fees and enclosed Corporation REINSTATEMENT DOCUMENT.

Your cooperation is greatly appreciated.

L. Berang