

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 1:01

DOCUMENT # P03000060686 1. Entity Name ARTIBONITE INJURY CARE CENTER INC.					
Principal Place of Business 7358 LAKE WORTH RD. LAKE WORTH, FL 33467			Mailing Address 7358 LAKE WORTH RD. LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0705069	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent DAT, MORILUS 1024 FOSTERMILL ROAD BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 4-25-08 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAT, MORILUS ☐ Delete 1024 FOSTERMILL RD. BOYNTON BEACH, FL 33436			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 800126961368 04/30/08--01003--018 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition <i>[Handwritten: B 5/1/08]</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition REINSTATEMENT 07-08
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4-25-08 <i>[Handwritten: 4/25/08]</i> Daytime Phone #	