

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 13 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POLP00143673

1. Corporation Name

AVANTCARE, INC.

600180843626
05/13/10--01029--011 **750.00

REINSTATEMENT 2010
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

3937 Chimney Rock Rd.

Suite, Apt. #, etc.

#10

City & State

Edneyville, NC

Zip

28727

Country

USA

3. Mailing Office Address

PO Box 526

Suite, Apt. #, etc.

City & State

Edneyville, NC

Zip

28727

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-06

5. FEI Number

260426034

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

Northwest Registered Agent LLC.

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

2022-2 Raymond Diehl Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

[Signature] Dan Keen-Manager

Date 5-10-2010

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
CEO	Frank Westby-Gibson	Po Box 526	Edneyville NC 28727
P	Neil Westby-Gibson	Po box 526	Edneyville NC 28727
VP	Carol Brawley	Po box 526	Edneyville NC 28727

[Handwritten initials] 5/14

10. E-mail Address: Avantcareinc@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Carol Brawley *[Signature]*

5-10-10

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-499-5105