

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northerm  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC -3 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007956**

1. Corporation Name

**NEWCARE, INC.**

Principal Place of Business

3600 OAK MANOR LN  
BLOG 3  
LARGO FL 34684  
US

Mailing Address

P O BOX 3316  
TAMPA FL 33601-316  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1993

5. FEI Number

59-3160945

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BELL, ROBERT W SR	308 BLANCA STREET	TAMPA FL 33606

700002019167--5  
-12/04/96--01041--018  
\*\*\*\*375.00 \*\*\*\*375.00

12/3

8. Name and Address of Current Registered Agent

MULLIS, HAROLD W W JR  
101 EAST KENNEDY BLVD.  
SUITE 2800  
TAMPA FL 33602

\*Robert Bell Sr gave  
authorization by phone  
12/3/96 to let him  
as the registered agent.  
12/12/96

9. Name and Address of New Registered Agent

Name **Robert Bell Sr**  
Street Address (P.O. Box Number is Not Acceptable)  
**5146 San Jose St**  
Suite, Apt. #, Etc.  
City **Tampa** State **FL** Zip Code **33629**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Robert W. Bell Sr*

**REGISTERED AGENT REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-4-96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Robert W. Bell Sr*  
**REGISTERED AGENT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT W. BELL, SR.**

**10-4-96**  
Date

**813-586-4262**  
Daytime Phone