

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 JAN 13 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033590 1. Corporation Name U.N.I. CARE, INC.

2. Principal Office Address 2339 SUNSET POINT RD. Suite, Apt. #, etc. SUITE 300 City & State CLEARWATER, FL Zip 33765	3. Mailing Office Address 2339 SUNSET POINT RD. Suite, Apt. #, etc. SUITE 300 City & State CLEARWATER, FL Zip 33765
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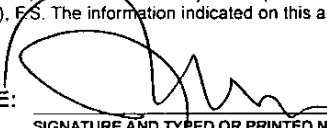
4. Date Incorporated or Qualified To Do Business in Florida 5-5-93	5. FEI Number 59-3157456	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent		
Name KATHRYN M. O'BRIEN		
Street Address (P.O. Box Number is Not Acceptable) 31 - 57TH STREET NORTH		
Suite, Apt. #, Etc.		
City ST. PETERSBURG	State FL	Zip Code 33710

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 <i>Kathryn M. O'Brien</i>	Date 1-10-05
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, P	JAMES M. NIELSEN	2339 SUNSET POINT RD.	CLEARWATER, FL 33765
			000043724620
			12/30/04-01003-022 **150.00
			000043724620
			01/19/05-01044-017 **150.00

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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone #