

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 27 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019017(0)

1. Corporation Name

Extended Family Care, Inc.

2. Principal Office Address - No P.O. Box #
5800 Camino Del Sol

3. Mailing Office Address
5800 Camino Del Sol

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
Boca Raton, FL

City & State
Boca Raton, Florida

Zip
33433

Country
USA

Zip
33433

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **3/07/1994**

5. FEI Number
65-0482798

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

IRA SARISON

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

4715 SEXTANT CIRCLE

Suite, Apt. #, Etc.

City

BOYNTON BEACH, FL

State
FL

Zip Code
33436

☐ The 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

Ira Sarison

REGISTERED AGENT MUST SIGN

Date **7/19/07**

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
P	Oken, Sally B	5850 Camino Del Sol Suite 204	Boca Raton, FL 33433
VPT	Sarison, Ira	4715 Sextant Circle	Boynton Beach, FL 33436
REINSTATEMENT 06-07 RH			

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:

Ira Sarison (Ira Sarison)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07
Date

561 738 6609
Daytime Phone #