

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 13 PM 1:09

DOCUMENT # *P94000066034*

1. Corporation Name

K-Kare, Inc.

2. Principal Office Address

26927 Longmeadow Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

26927 Longmeadow Circle

Suite, Apt. #, etc.

City & State

Mundelein, IL

City & State

Mundelein, IL

Zip

60060

Country

US

Zip

60060

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9-2-94

5. FEI Number

65-0541859

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

Anthony J. DiChiara, CPA

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

190 W. Blades Rd.

Suite, Apt. #, Etc.

Suite D

City

Boca Raton

State

FL

Zip Code

33432

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

Anthony J. DiChiara
REGISTERED AGENT MUST SIGN

Date

4-11-01

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
<i>Pres.</i> <i>Secretary</i>	<i>Karen Klefstad</i>	<i>26927 Longmeadow Circle</i>	<i>Mundelein, IL 60060</i>

John
000004138870--3
-05/07/01--01060--019
***1350.00 ***1350.00

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:

Karen Klefstad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-9-2001

Daytime Phone #

800-841-7714

CR2001 (9/00)