

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 28 AM 8:00

DOCUMENT # P94000066826

1. Corporation Name

Active Care, Inc.

2. Principal Office Address

1900 Amelia Trace Ct

Suite, Apt. #, etc.
200

City & State

Fernandina Beach, FL

Zip

32034

Country

Nassau

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

09-06-1994

5. FEI Number

59-3275602

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

Steven W. Sell

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

1900 Amelia Trace Court

Suite, Apt. #, Etc.

200

City

Fernandina Beach

State

FL

Zip Code

32034

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

Date

8/26/03

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	Sell, Steven W	1900 Amelia Trace Ct, #200	FernandinaBch 32034

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

8/26/2003

Daytime Phone #

9043211909

CR2E081 (10/02)