PLEASE READ	ALL INSTRUCTIONS	REFORE C	OMPLETI	NG THIS FORM	00 2012	
PEINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	NT OF STATE tham State		APEHO AN Fill	19. 19/2	
DOCUMENT # P9500006322			98 FEB 10 AM 8: 52			
1. Corporation Name  MAXI-CARE, INC.  701 N. CONGRESS AVE. STE 9-10			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
BOYNTON BEACH, FL 33426				TALLAHASSEE	i, florida	
Principal Place of Business	Mailing Address	100)		_		
SAME		91	0-98	PAR		
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	bove addresses are incorrect in any way, line through incorrect information and enter correction below.  We Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida /		
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	City & State		6.50550464 Not Applicab		Not Applicable	
Zip Country	Zip Country	у		OF STATUS DESIRED (6)	Additional Fee required r a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea  Name of Officers Street Address of Each						
Title(s) and/or Directors Officer and/ 1 2 3 (Do NOT Use Post C			lumbers)	City / Sta	.e / Zip	
Pres SAlvador AWI	liams MD 4825 Be	elvedere	Rd	West Palm 1	Beach Flazur	
sofren Ruth Willia	•			West Palm B	each Fl334	
			80	00002429 -02/12/980 ****515.00	2684 1094008 ****\$15.00	
				a. alaw		
				2/10/91	<u> </u>	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
Maurice Gr 331E Prospec		O. Box Number is	Not Acceptable)	<u>.ms, M.D.</u>		
1 Oakland Park, Florida 33334 Suite, April #,				MAXI-CARE, INC.— DNGRESS AVE. STI	 = 9-10	
Hormeely 1001 so Andrews aveste 101 on				TON BEACH, FLIBBO		
10. I, being appointed the registered agent of the above	re named corporation, am familiar with	h and accept the obl	ligations of Section	607.0505, F.S.		
Signature of Registered Agent	GISTERED AGENT MUST SIGN			Date 2-3-99		
11) Does this corporation pay a Dept. of Revenue under S.	ny intangible tax to the 199.032, Florida Statu	e ıtes. Yes [	Ø No□	(See ofher side on infangi		
oertify that I am an officer or director or the received this reinstatement application, the reason for dissolowed by the corporation have been paid and the number on this application is true and accurate, and my signature.	ution has been eliminated, the corpor ames of individuals listed on this form	rate name satisfies th n do not qualify for ai	ne requirements of n exemption under	section 607 0401 or 617 040	1 F.S. that all foos	
SIGNATURE: Salvalor A. h. SIGNATURE AND TYPED OR PRIN	Shame M.D 5 A TED NAME OF SIGNING OFFICER OR DI	Ivador A	williams	SMD 1/20/98 Date Days	561 73533∞ me Phono #	

## MAXI-CAR

701 North Congress Avenue BAYS 9 & 10 BOYNTON BEACH, FLORIDA 33426

January 20, 1998

Department of State **Division of Corporations** 409 East Gains St. Tallahassee, Fl 32399

Attn: Ms. Amy Allen

RE: Maxi-Care, Inc. Reinstatement Request

Dear Ms. Allen;

The current registered agent of Maxi-Care Inc. is attorney Maurice Graham. Due to the moving of Mr. Graham's office in 1996, neither he nor Maxi-Care ever received any renewal information from the Florida Department of State. As per your instructions please find a check in the sum of \$465.00, along with the reinstatement application.

\$165.00 for 1996 \$150.00 for 1997 \$150.00 for 1998

Thanks for being so kind. Your help is really appreciated.

Thank you,

Dana Cook

Administrator

ma Cook