

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 11 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019226

1. Corporation Name

Cybercare Corporation

400048624014

03/18/05--01003--010 **1565.00

2. Principal Office Address

427 N Magnolia Ave

Suite, Apt. #, etc.

103

City & State

Orlando, FL

Zip

32801

Country

US

3. Mailing Office Address

427 N Magnolia Ave

Suite, Apt. #, etc.

103

City & State

Orlando, FL

Zip

32801

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3-7-1995

5. FEI Number

59-3303489

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

Gregg M. Yawman

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

427 N Magnolia Ave

Suite, Apt. #, Etc.

103

City

Orlando,

State

FL

Zip Code

32801

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

Gregg M. Yawman

REGISTERED AGENT MUST SIGN

Date 2-15-05

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 | Frank Sweatt | 985 Saddleback Ridge Rd | Apopka, FL 32703 |
| -D- | Gregg M Yawman | 9220 Sabal Palm Cir | Windermere, FL 34786 |
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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:

Frank Sweatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

Date

407 649-1937

Daytime Phone #

CR2E081 (01/05)

2 of 2


3/8/2005

To Whom It May Concern:

The mailing address recorded for Cybercare Corporation at the time of incorporation in 1996, was incorrect. This error was never discovered and therefore no renewal cards or any other correspondence related to the documents of incorporation has been received from the state since 1996.

I respectfully request that the fees for reinstatement be waived. My company is very small and this creates a hardship for the company. I would deeply appreciate anything that can be done to reduce the cost of reinstatement.

Sincerely,


Frank Sweatt
Cybercare Corporation
427 N. Magnolia Ave.
Suite 103
Orlando, FL 32801