

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900009155969

11/21/02--01105--018 **150.00



DOCUMENT # P95000042174

1. Corporation Name

PROFESSIONAL CARE AND CONSULTANTS, INC. OF FLORIDA

Principal Place of Business

6753 CARPEL DRIVE
NEW PORT RICHEY FL 34653

Mailing Address

187-12 HILLSIDE AVE
JAMAICA ESTATES
NEW YORK NY 11432
US

p.o. Box
476 Glen
Oaks N.Y. 11004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1995

5. FEI Number

59-3312766

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MATIAS, LETICIA	2321 ECUADORIAN WAY	CLEARWATER FL 34632
D	GARABELIS, ADELINA	2321 ECUADORIAN WAY	CLEARWATER FL 34632

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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.

Leticia Matias

11/13/02

To whom this may concern,

I'm sorry for this delay. I had sent a letter for the change of the mailing address on January 2002 & since then I never received any correspondence from the Div. Corporation.

Today I received the corporation being dissolved so I called the Division of Corporation to hear my plea. The representative by the name of Tyron advised me to send \$150 & request to waive the penalty fee, if you may.

Thank you for your understanding & help.

Leticia Dumas
Professional Care & Consultants
Inc. of Florida