

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 FEB 17 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 9950000043059

1. Corporation Name

Stat Care of Central Florida, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
3956 Town Center Blvd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Suite 407

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32837

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 30, 1995

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Mark Payne	1900 Pine Grove Rd.	St. Cloud, FL 34771
V/S/T	Paul VanderKaay	2576 Shade Tree Ct.	Kissimmee, FL 34744
			900002092959--3 -02/20/97--01030--019 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Paul VanderKaay
4404 S. Orange Blossom Trail
Kissimmee, FL 34747

9. Name and Address of New Registered Agent

Name
Mark Payne
Street Address (P.O. Box Number is Not Acceptable)
1900 Pine Grove Rd.
Suite, Apt. #, Etc.

City
St. Cloud
State
FL
Zip Code
34771

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.

Signature of
Registered Agent

Paul VanderKaay
REGISTERED AGENT MUST SIGN

Date 2/12/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Paul VanderKaay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT

2/12/97

Date

407-348-3311

Daytime Phone #

CR2E040 (12/96)