

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089705**

1. Corporation Name

**THERACARE, INC.**

Principal Place of Business

Mailing Address

500 BROAD STREET  
MILTON FL 32570

500 BROAD STREET  
MILTON FL 32570



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

2. New Principal Office Address, If Applicable

**4971 Chumuckla Hwy.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**4971 Chumuckla Hwy**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/21/1995**

5. FEI Number

**59-3357199**

Applied For

Not Applicable

City & State

**Pace, FL**

City & State

**Pace, FL**

Zip  
**32571**

Country  
**USA**

Zip  
**32571**

Country  
**USA**

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 3	City / State / Zip 4
STD	FORTUNE, ERMA RUTH	4971 CHUMUCKLA HWY	PACE FL 32571
PD	FORTUNE, EDMUND	4971 CHUMUCKLA HWY	PACE FL 32571
D	NORTHCUTT, FELICIA	5449 ROWE TRAIL	PACE FL 32571
D	FORTUNE, TERRY L	4960 FOREST CREEK	PACE FL 32571

400025192764  
12/03/03--01055--002 \*\*150.00

8. Name and Address of Current Registered Agent

FORTUNE, EDMOND M  
4971 CHUMUCKLA HWY  
PACE FL 32571

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

*Edmond M Fortune*

REGISTERED AGENT MUST SIGN

Date **12-1-03**

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.

SIGNATURE:

*Edmond M Fortune*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-1-03**

Daytime Phone #

**850 994 5386**

CR2E040 (7/03)

November 25, 2003

6700 0000

Department of State

Division of Corporations

PO Box 6327

Tallahassee FL 32314

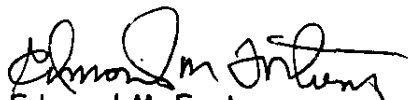
To Whom It May Concern:

Enclosed is a check for \$150.00. Please apply this payment to my Annual Report Fee and my Corporate Supplemental Fee for Theracare, Inc.

Previously the mailing address on record for the Theracare corporation was 500 Broad Street, Milton FL 32570. This address changed in the early part of this year, and consequently any notices were delivered to my previous partner, and I was not made aware of them. Because of this I have not included the Reinstatement Fee in my payment, and I hope that this will be sufficient.

If you have any further questions, please feel free to contact me.

Sincerely,



Edmond M. Fortune

Theracare, Inc.

4971 Chumuckla Hwy.

Pace, FL 32571

850 994-5386