

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P96000015611

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1. Corporation Name

CARE AMERICA A.I.C., INC.

100003481921--8  
-11/30/00--01093--003  
\*\*\*\*758.75 \*\*\*\*758.75

Principal Place of Business

Mailing Address

210 N. WESTMONT DR  
SUITE 1002  
ALAMONTE SPRINGS FL 32714  
US

210 N WESTMONT DR  
SUITE 1002  
ALTAMONTE SPRINGS FL 32714

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3362755

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CEO	HAGHGOU, ROBERT B	340 N SPAULDING COVE	HEATHROW FL
ST	HAGHGOU, HUSHANG	210 N WESTMONTE DR STE 1002	ALTAMNOTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPOATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name ROBERT B. HAGHGOU  
Street Address (P.O. Box Number is Not Acceptable)  
340 N. SPAULDING COVE  
Suite, Apt. #, Etc.  
City HEATHROW State FL Zip Code 32746

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

REGISTERED AGENT MUST SIGN

Date

10/16/00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00 (907) 85-7020  
Daytime Phone #