

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P96000033282

1. Corporation Name

CARE SPAN, INC.

Principal Place of Business

Mailing Address

~~TWO SUNTREE PLACE
MELBOURNE FL 32940~~

~~P O BOX 565002 MS 75
ROCKLEDGE FL 32956-502
US~~

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

2. New Principal Office Address, If Applicable

7000 SPYGLASS CT.

Suite, Apt. #, etc.

SUITE 201

City & State

MELBOURNE, FL

Zip 32940

Country US

3. New Mailing Office Address, If Applicable

P O Box 565002, MS #93

Suite, Apt. #, etc.

City & State

Rockledge FL

Zip 32956-5002

Country US

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1996

5. FEI Number

59-3401464

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CARMAN, ROBERT O	110 LONGWOOD AVE	ROCKLEDGE FL 32955
TD	COLKER, REBECCA	110 LONGWOOD AVE	ROCKLEDGE FL 32955
VD	MURPHY, TERENCE	110 LONGWOOD AVE	ROCKLEDGE FL 32955
VD	WELDON, KATHLEEN	110 LONGWOOD AVE	ROCKLEDGE FL *
		* Please delete	600002709475--6 -12/10/98--010947017 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARMAN, ROBERT O
110 LONGWOOD AVE
ROCKLEDGE FL 32955

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.

Signature of Registered Agent

Rebecca Colker REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-30-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Rebecca Colker REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-98
Date

407-636-2211, ext. 5030
Daytime Phone #

FILED

98 DEC -7 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





②

110 Longwood Avenue
P.O. Box 565002
Rockledge, FL 32956-5002
(407) 636-2211

November 30, 1998

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: ANNUAL FILING FOR CARE SPAN, INC.

Enclosed is a reinstatement application for Care Span, Inc. We show no record of receiving the original filing report for 1998. Therefore, we are respectfully requesting that all penalties be waived and that Care Span, Inc. be reinstated. The necessary corrections have been marked on the application and a check in the amount of \$158.75 is also enclosed.

If additional information is required in order to reinstate Care Span's standing, please give me a call at (407) 636-2211, extension 5030, or write to me at the address above. I really appreciate your consideration in this matter.

Sincerely,

CARE SPAN, INC.

Rebecca M. Colker

Rebecca M. Colker
Treasurer

RMC:ld
Enclosures