

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 20 11:53

DOCUMENT # P96000038452

1. Corporation Name

GUARDIAN ANGEL FOOT CARE OF BRADENTON,
VENICE AND ENGLEWOOD, INC.

2. Principal Office Address

2400 S MCCALL ROAD

3. Mailing Office Address

2400 S MCCALL ROAD

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

Zip

34224

Country

CHARLOTTE

Zip

34224

Country

CHARLOTTE

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/29/1996

5. FEI Number

65-0666090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES T BOYLE

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

99 NESBIT STREET

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

D 12/5/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TOM LANE	75 CAPE HAZE DRIVE	CAPE HAZE FL 33946

600069059096

09/30/06--01054--006 **1500.00

10. 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

9/10/05 (941) 473-3338

Daytime Phone #

CR2E081 (01/05)