

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98 AR
FLORIDA DEPARTMENT OF STATE
Sandra L. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048580

1. Corporation Name
AMBUCARE, INC.

Ambucare, Inc.

Principal Place of Business
4961 NORTH UNIVERSITY DRIVE
LAUDERHILL FL 33351

Mailing Address
4961 NORTH UNIVERSITY DRIVE
LAUDERHILL FL 33351



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1996

Suite, Apt. #, etc.
4927 N. University Dr.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Lauderhill FL

City & State

65-0679930

Not Applicable

Zip
33351

Country
Broward

Zip
Country

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
D	BOUDREAUX, LARRY	1400 NORTHWEST 99TH COURT	PLANTATION FL 33351
V.P.	Gregory Knowles	3300 N.E. 1st Street #LP #13	Aventura, FL 33180

900002532149--9
-05/21/98--01095--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
Steven Wagner
Street Address (P.O. Box Number is Not Acceptable)
633 S.E. Third Ave Suite 302
Suite, Apt. #, Etc.
Suite 302
City
Fort. Lauderdale
State
FL
Zip Code
33301

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

Steven A. Wagner

REGISTERED AGENT MUST SIGN

Date 4/22/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Boudreaux

4/22/98

Date

954-727-6286

Daytime Phone #

CR2E040 (8/97)