PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

97-99

FILED
99 APR 26 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****465.00 ****465.00

P96000066302

1. Corporation Name

AMERICARE HEALTH SCAN, INC.

Principal Place of Business: 20 NW 181st STREET, MIAMI, FL 33169

Mailing Address: (SAME)

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

2. New Principal Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/8/96

5. FEI Number: 65-0714522

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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State & Zip
PD	D'ANGELO, JOSEPH P.	400 POINCIANA DRIVE	HALLANDALE, FL 33009
SD	HEICHBERGER, MARGARET	400 POINCIANA DRIVE	HALLANDALE, FL 33009
D	SEIDEL, HORACE	20 NW 181 STREET	MIAMI, FL 33169
D	KALLAN, JOEL	20 NW 181 STREET	MIAMI, FL 33169
D	McLINDEN, HUGH PATRICK	20 NW 181 STREET	MIAMI, FL 33169
D	FOLTUZ, GENE	20 NW 181 STREET	MIAMI, FL 33169

8. Name and Address of Current Registered Agent

D'ANGELO, JOSEPH P.
400 POINCIANA DRIVE
HALLANDALE, FL 33009

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box 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: [signature] REGISTERED AGENT MUST SIGN

Date: 4/21/99

TBP 4/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for extended instructions)

12. I certify that I am an officer or director of the corporation or a trustee empowered to execute this application as provided for in s. 607.1422 F.S. or s. 617.1422, F.S.; that after this reinstatement application, the reason for dissolution has been eliminated; the corporation has ... all fees ... owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption ... The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET M. HEICHBERGER

4/21/99
Date

305 770 1141
Daytime Phone #

Americare Health Scan, Inc.

20 NW 181st Street
Miami, FL 33169

Phone: (305) 770-1141
Fax: (305) 655-3818

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

April 21, 1999

RE: Document# **P96000066302**
FEI# 65-0714522

Dear Andy,

As mentioned in our conversation today, the former registered agent for Americare Health Scan, Inc., James Crehan, never forwarded the annual report to our corporate office. Also, our accounting department has had a few changes since 1997, as such, we did not notice the missing reports.

Enclosed is the reinstatement application along with the $465.00 check we discussed. Thanks for your help.

Sincerely,

Margaret Heichberger
Office Administrator