

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 AM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 960000 22023**

1. Corporation Name

ALL CARE TRANSPORTATION

700156994847
06/10/09--01074--013 **608.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

5734 224 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

O'BRIEN, FLA

Zip

32071

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/1996

5. FEI Number

59-3400139

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

GEORGE W. ROBERTS

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

5734 224 ST.

Suite, Apt. #, Etc.

City

O'BRIEN

State

FL

Zip Code

32071

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

George W. Roberts

REGISTERED AGENT MUST SIGN

Date

6/8/09

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
P, S, T, V, D 100%	GEORGE W. ROBERTS	5734 224 ST	O'BRIEN, FL 32071

REINSTATEMENT

RH

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 contained in Chapter 119, 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:

George W. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/09

Date

386-935-0257

Daytime Phone #