

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
H. Ross Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR -8 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098058

1. Corporation Name

H.C.D. INFUSION CARE, INC.

2. Principal Office Address

610 Magnolia Avenue

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip

33823

Country

USA

3. Mailing Office Address

610 Magnolia Avenue

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip

33823

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1996

5. FEI Number

59-3416125.

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

WILLIAM M. VANDERPOOL, JR.

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

610 Magnolia Avenue

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

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

William M. Vanderpool Jr.

William M. Vanderpool, Jr.

Date 3/7/01

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	William M. Vanderpool, Jr.	610 Magnolia Avenue	Auburndale, FL 33823
D	Kimberly Vanderpool	610 Magnolia Avenue	Auburndale, FL 33823
			LS

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:

William M. Vanderpool Jr.

William M. Vanderpool, Jr.

Date

3/7/01

Daytime Phone #

863-965-8510

2013

*H.C.D. Infusion Care, Inc.
610 Magnolia Avenue
Auburndale, Florida 33823*

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

*Re: Reinstatement of Corporation
for H.C.D. Infusion Care, Inc. a Florida corporation (the "Corporation"),
Document #P96000098058*

To Whom It May Concern:

I, as director of H.C.D. Infusion Care, Inc., request that you waive the delinquency penalty for the late filing of the Corporation's annual report based on reasonable cause and good faith.

We changed the location of our corporate offices and neglected to send notice of the change of address to the Department of State. Therefore, the Corporation did not receive the notice to file the annual report. However, since receiving notice from you that the Corporation has been administratively dissolved, we have taken appropriate steps to get the entity reinstated and, more importantly, have learned of the importance of the annual filing requirements. From this time onward, the Corporation shall timely file and pay the annual reporting fees. Therefore, based on the foregoing, I request that the Department of State waive the late filing penalty.

If you have any questions or concerns, please do not hesitate to contact Butch Vanderpool at (863) 965-8510.

Sincerely,

*H.C.D. INFUSION CARE, INC.
a Florida Corporation*

*By: William M. Vanderpool Jr.
William M. Vanderpool, Jr., its Director*

303



ACCOUNT NO. : 072100000032

REFERENCE : 070340 82866A

AUTHORIZATION :

Patricia Figueira

COST LIMIT : \$ 300.00

ORDER DATE : March 8, 2001

ORDER TIME : 10:09 AM

ORDER NO. : 070340-005

CUSTOMER NO: 82866A

600003818686--6

CUSTOMER: Ms. Nikole Garcia
Clark & Campbell, P.a.
4740 Cleveland Heights Blvd

Lakeland, FL 33813

DOMESTIC FILINGS

NAME: H.C.D. INFUSION CARE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
01 MAR -8 AM 10:49
DIVISION OF CORPORATION