

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 PM 2:00

DOCUMENT # 098000012921

1. Corporation Name

HIGH TECH MEDICARE, INC
4360 NORTH LAKE BLVD. # 214
PALM BEACH GARDENS, FL 33410

2. Principal Office Address

Same

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/98

5. FEI Number

65-0817695

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

MIMI K LARKIN

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

1 SHELLDRAKE LANE

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State
FL

Zip Code

33418

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

Mimi Larkin

Date 9/17/01

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
Dir Pres	MIMI K LARKIN	1 SHELLDRAKE LANE	PALM BEACH GARDENS, FL 33418

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***300.00 ***300.00

SP

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:

Mimi Larkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01

Date

561-626-6800

Daytime Phone #