

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000065776

1. Corporation Name

CARENET, INC.

Principal Place of Business

2345 PARK STREET
JACKSONVILLE FL 32204

Mailing Address

2345 PARK STREET
JACKSONVILLE FL 32204

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

07/24/1998

5. FEI Number 59-3523755

Applied For

59-35933755

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(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHIELDS, WILLIAM Jonathan Okie	11004 OLDE MANDARIN ROAD 6753 Linford Lane	JACKSONVILLE FL 32223 Jacksonville FL 32217
D	OKIE, ALLEN	6753 LINFORD LANE	JACKSONVILLE FL 32217
D	STEPHENS, WAYNE	141 NORTH ROSGEE BLVD.	PONTE VEDRA BEACH FL 32224
D	CRAIG, JAMES	7595 BAYMEADOWS	JACKSONVILLE FL 32256
			700003312397--0 -07/05/00--01013--006 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

~~SHIELDS, WILLIAMS~~
2345 PARK STREET
JACKSONVILLE FL 32204

9. Name and Address of New Registered Agent

Name

Allen Okie

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

2345 Park Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 5/2/00

KE

11. 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

5/2/00

Date

904-388-0433

Daytime Phone #