PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 JUN 22 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000071695

1. Corporation Name Digg's Miracle Care

2. Principal Office Address 875 Dr
Mary McLeod Bethune blvd
Suite, Apt. #, etc. Suite B
City & State Daytona Beach Fla
Zip 32114 Country Vol

3. Mailing Office Address 875 Dr
Mary Mlead Bethune blvd
Suite, Apt. #, etc. B
City & State Daytona Beach Fla
Zip 32114 Country Vol

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3520679 ☐ 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

600003321686--6
-07/13/00--01012--001
****300.00 ****300.00

Name: Deworia Cooper
Street Address (P.O. Box Number is Not Acceptable): 332 Kingston Ave.
Suite, Apt. #, Etc.:
City: Daytona Bch, Fl 32114
State: FL Zip Code: 32114

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 Deworia Cooper Date 6/22/00
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
C.E.O	Matilda Riley	1609 Flomich Ave	Holly Hill Fla 32117.
			99-00 UBR TS

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: Matilda Riley 6-22-00 904 323-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5-10-00

To Whom it may Concern
didn't Know that el had to pay
a annule fee every year the Preson
that did the Paper Work didn't tell
me it will not happen again thank
you for understanding may God Bless
you, ~~Diggs Miracle Care~~

Per conversation Stated that
they didn't receive 99 notice

Thank you
Matilde Liley

PANSIES STAND FOR THOUGHTS