

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT

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

DOCUMENT # 9980001082016

1. Corporation Name

Southern Care Systems, Inc.

Principal Place of Business

Mailing Address

2433 Thomas Drive

2433 Thomas Drive

#148

#148

Panama City, FL 32408

Panama City, FL 32408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 99-05

4. Date Incorporated or Qualified To Do Business in Florida

12-98

5. FEI Number

59-3552239

Applied For

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T	Michael J. Pardy	324 East Beach Drive #103	Panama City, FL 32401
S	Joan M. Braun	324 East Beach Drive #103	Panama City, FL 32401
D	Gary D. Hugland	801 Inverness Avenue	Melbourne, FL 32940
			400003164584--S
			-03/09/00--01106--017
			****158.75 ****158.75
			400003164584--S
			-03/09/00--01106--018
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Michael J. Pardy  
Street Address (P.O. Box Number is Not Acceptable)  
324 East Beach Drive  
Suite, Apt. #, Etc.  
#103  
City Panama City State FL Zip Code 32401

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

Michael J. Pardy

Date 12-29-99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Michael J. Pardy

Michael J. Pardy 12-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)