

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 MAY 15 AM 8:48

DOCUMENT # P99000060624

1. Corporation Name

AMERICAN SYSTEMS CARE CORP.

2. Principal Office Address

1455 NW 14TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1455 NW 14TH STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country

USA

City & State

MIAMI FL

Zip

33125

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1999

5. FEI Number

65-0932274

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

BENJAMIN METSCH

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

1455 NW 14TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

Date 04/29/2001

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
DP	GARY KOMRASH	1455 NW 14TH ST	MIAMI FL 33125

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/01

Date

305-545-6400

Daytime Phone #

of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : JOHNNY TSIMOGIANNIS
Account Number : I19990000261
Phone : (305) 444-2445
Fax Number : (305) 444-2446

CORPORATION REINSTATEMENT**AMERICAN SYSTEMS CARE CORP.**

Certificate of Status	1
Certified Copy	0
Page Count	01
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