

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT -3 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99#0081042

1. Corporation Name  
Lees Special CARE, Inc P99000081042

400008204034--2  
-10/04/02--01037--014  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Office Address

1391 Capricorn Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip  
33983

Country

Charlotte

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

P99

5. FEI Number

630946912

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

Claudine Bennett

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

1391 Capricorn Blvd.

Suite, Apt. #, Etc.

City

Punta Gorda, FL

State

FL

Zip Code

33983

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

Claudine Bennett

Date 9/3/02

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|-----------|--------------------------------------|---------------------------------------------------|----------------------|
| President | WILLIAM R. FORD JR.                  | 2345E PRATER Way Suite 303                        | SPARKS, NEVADA 89434 |
| Secretary | Judy Ford                            | 2345E Prater Way Suite 303                        | SPARKS, NEVADA 89434 |
|           |                                      |                                                   |                      |
|           |                                      |                                                   |                      |
|           |                                      |                                                   |                      |
|           |                                      |                                                   |                      |

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

Date

Daytime Phone #

941-7435586

CR2E081 (9/01)