


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000081042</b> 1. Entity Name <b>LEE SPECIAL CARE, INC.</b>						<b>FILED</b> 05 OCT 11 PM 5:18 SECRETARY OF STATE TALLAHASSEE, FL					
Principal Place of Business <b>1391 CAPRICORN BLVD. PUNTA GORDA, FL 33983</b>				Mailing Address <b>1391 CAPRICORN BLVD. PUNTA GORDA, FL 33983</b>							
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
6. Name and Address of Current Registered Agent  <b>BENNETT, CLAUDINE 1391 CAPRICORN BLVD PUNTA GORDA, FL 33983</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
<b>FILE NOW!!! FEE IS \$900.00</b>											
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FORD, WILLIAM R JR</b> <b>2345 E PRATER WAY SUITE 303</b> <b>SPARKS, NV 89434</b>			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D</b> <b>CLAUDINE BENNETT</b> <b>1391 Capricorn Blvd.</b> <b>Punta Gorda, Florida 33983</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FORD, JUDY</b> <b>2345 E PRATER WAY SUITE 303</b> <b>SPARKS, NV 89434</b>			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>200060489692</b>  <b>10/11/05--01044--016 **308.75</b> </div>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
<b>SIGNATURE:</b> <u>Claudine Bennett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>CLAUDINE BENNETT, President</b>						Date: <u>10/11/05</u>		Daytime Phone #: <u>743-5586</u>			