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PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

2007 APR 27 PM 12:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA


800102636088
05/16/07--01027--019 **450.00

REINSTATEMENT

05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 100880

1. Corporation Name

GULF COAST MEDICAL & GERIATRIC
CARE, INC.

2. Principal Office Address - No P.O. Box #

6450-38TH AVE. N.

Suite, Apt. #, etc.

STE #100

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

Zip

33710

Country

U. S. A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1991

5. FEI Number

59-3102796

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

SHAH, SONAL

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

6450-38th Ave. N.

Suite, Apt. #, Etc.

STE #100

City

ST. PETERSBURG

State

FL

Zip Code

33710

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

[Signature]

Date 3-5-07

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 ST	SHAH, SONAL	6450-38TH AVE. N. STE 100	ST. PETERSBURG FL 33710

800102636088
05/16/07--01027--020 **8.75

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-07

Date

(927) 347-2780

Daytime Phone #