

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02258

1. Corporation Name

AMERICAN BIOCARE COMPANY, INC.

Principal Place of Business

7045 N ARMENIA AVE
TAMPA FL 33604
US

Mailing Address

14719 CLARENDON DRIVE
TAMPA FL 33624
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1991

5. FEI Number

59-3099148

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SICHEL, STEVEN D.	14719 CLARENDON DRIVE	TAMPA FL 33624

800009113238
11/20/02--01068--006 **150.00

8. Name and Address of Current Registered Agent

SICHEL, STEVEN D
14719 CLARENDON DRIVE
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-13-02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-02

Daytime Phone #

813 936 1616

CR2E040 (8/02)

ABC HOME MEDICAL EQUIPMENT
American Biocare Co., Inc.
7045 N. Armenia Ave.
Tampa, FL. 33604

FLORIDA DEPARTMENT OF STATE
JIM SMITH- SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR MR. SECRETARY:

AS PER YOUR REQUEST, I AM WRITING YOU A NOTE STATING THAT I DO NOT REMEMBER HAVING RECEIVED THE PREVIOUS NOTIFICATIONS OF THE UNIFORM BUSINESS REPORT. WE HAVE BEEN IN BUSINESS OVER 11 YEARS AND AS FAR AS I CAN REMEMBER WE HAVEN'T MISSED ONE. I HAVE ENCLOSED THE REQUIRED INFORMATION REQUESTED ALONG WITH A CHECK FOR \$ 150.00.

IF YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE IN CONTACTING ME.

AGAIN, THANKYOU.

SINCERELY,


STEVEN SICHEL, PRESIDENT