

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 MAR -5 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

131982

1. Corporation Name

STAR MULTI CARE SESRVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

26 COURT STREET
BROOKLYN, NY 11242

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

2. New Principal Office Address, If Applicable

14750 N.W. 77th Court
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

33 Walt Whitman Road
Suite 302

City & State

Miami Lakes, FL

City & State

Huntington Station, NY

Zip

33016

Country

USA

Zip

11746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/92

5. FEI Number

65-0336329

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|-------------------------------|---|--|---|
| President & Director | Stephen Sternbach | 33 Walt Whitman Road Suite 302 | Huntington Station, New York 11746 |
| Vice President & Secretary | William Fellerman | 33 Walt Whitman Rd. Suite 302 | Huntington Station, New York 11746 |
| Director | | | 000002107060--2 -03/07/97--01042--001 ****1245.00 ****1245.00 |
| Vice President & Director | Gregory Turchan | 33 Walt Whitman Road Suite 302 | Huntington Station, New York 11746 |
| | | | 000002107060--2 -03/07/97--01042--002 *****8.75 *****8.75 |

REINSTATEMENT 94-97

8. Name and Address of Current Registered Agent

John C. Lovett
Suite 1200 Highpoint Center
106 E. College Ave.
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation
State
FL
Zip Code
33324

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.

Signature of
Registered Agent

Jonathan R. Giddings

Jonathan R. Giddings
Assistant Secretary

Date

12/31/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Will Feller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/96

Date

516-423-6688

Daytime Phone #