

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN 24 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 422339

1. Corporation Name

Florida Life Care, Inc

2. Principal Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

3. Mailing Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks MD

Zip

21152

Country

USA

City & State

Sparks MD

Zip

21152

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/78

5. FEI Number

59-1555576

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

National Corporate Research, LTD

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

1406 Hays Street

Suite, Apt. #, Etc.

#2

City

Tallahassee

State

FL

Zip Code

32301

800006315748--3

07/18/02 01059-012

***300.00 ***300.00

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

John L. Mellissay
REGISTERED AGENT MUST SIGN

John L. Mellissay
V.P.

Date 5/24/02

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
P	John Heller	910 Ridgebrook Rd	Sparks MD 21152
VP	Melissa Warlow	↓	↓
T	Matthew Box		
S	Ronald Lord		
D	John Heller		
D	W. Bradley Bennett		

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: *Melissa Warlow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELISSA WARLOW

5/16/02
Date

410-773-1176
Daytime Phone #

CR2E081 (9/01)