

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006630**

1. Corporation Name

Managed Comprehensive Care I, Inc.

2. Principal Office Address

407 Bloomfield Drive

Suite, Apt. #, etc.

Unit 2

City & State

West Berlin, NJ

Zip

08091

Country

3. Mailing Office Address

407 Bloomfield Drive

Suite, Apt. #, etc.

Unit 2

City & State

West Berlin, NJ

Zip

08091

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

1-3-96

5. FEI Number

22-3413306

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

Glanton, Edwin F. Esq.

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

825 Thomasville Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

REGISTERED AGENT MUST SIGN

Date

11/15/04

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
CPT	Lyons, Joseph	407 Bloomfield Dr. Unit 2	West Berlin, NJ 08091
VV	Goldstein, Benjamin	407 Bloomfield Dr. Unit 2	West Berlin, NJ: 08091
SD	Drinkwater, Stanley N.	407 Bloomfield Dr. Unit 2	West Berlin, NJ: 08091

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/04

Daytime Phone #

856-753-5130

CR2E001 (01/04)