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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055627

1. Corporation Name
CARDIO CARE CENTER, INC.

REINSTATEMENT 03-04 TR

2. Principal Office Address	**3.** Mailing Office Address
524 Zeagler Drive	524 Zeagler Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palatka, FL	City & State: Palatka
Zip: 32177 Country: USA	Zip: 32177 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 81-0553464 ☐ 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: Mohammad Kaleem

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06/04/04--01035--022 **60[illegible].00

Street Address (P.O. Box Number is Not Acceptable): 524 Zeagler Drive

Suite, Apt. #, Etc.

City: Palatka State: FL Zip Code: 32177

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: See below Date:
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PSTD	Mohammad Kaleem	524 Zeagler Drive	Palatka, FL 32177

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: M K Kaleem S 06/27/04 384/326-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 2Q82

MAY 25, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

RE: REINSTATEMENT
YEAR 2003/2004

DEAR SIR:

THIS IS IN REFERENCE TO REINSTATEMENT OF CORPORATION OF

THE FOLLOWING: CARDIO CARE CENTER, INC.
524 ZEAGLER DRIVE
PALATKA, FL 32177

TO THE BEST OF MY KNOWLEDGE I NEVER RECEIVED CORPORATION RENEWAL PAPERS FOR THE YEARS 2003 AND 2004. I AM ENCLOSING THE COST OF REINSTATEMENT FOR BOTH YEARS IN THE AMOUNT OF $600.00. PLEASE ACCEPT THIS AN REINSTATE MY CORPORATION.

THANKING YOU IN ADVANCE.

SINCERELY,

MOHAMMAD KALEEM

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