FILED
02 DEC 20 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

700009720947
12/30/02--01002--003 **1050.00

REINSTATEMENT 00-02

DOCUMENT # S50584

1. Corporation Name

Managed Care of North America, Inc.
5310 NW 33rd Avenue, Suite 219
Fort Lauderdale, Florida 33309

2. Principal Office Address	3. Mailing Office Address
5310 NW 33rd Ave	5310 NW 33rd Ave
Suite, Apt. #, etc.: Suite 219	Suite, Apt. #, etc.: Suite 219
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0303864 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: STEVEN MISHAN
Street Address (P.O. Box Number Is Not Acceptable): 1110 Brickell Avenue
Suite, Apt. #, Etc.: Penthouse One
City: Miami Florida 33131 State: FL Zip Code:

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 _____ Date 12/4/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES	JEFFREY P. FEINGOLD	7480 SEDONA	DELRAY BCH, FL 33446

12/27

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: _____ 12.16.02 561 665 0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone #