PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV -2 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004417

1. Corporation Name

MEDIC CARE MEDICAL ID JEWELRY AND SYSTEMS, INC.

000004704610--7
-12/04/01--01067--025
****550.00 ****550.00

2. Principal Office Address	3. Mailing Office Address
300 N. Highway A1A	300 N. Highway A1A
Suite, Apt. #, etc.: 306-D	Suite, Apt. #, etc.: 306-D
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33477 Country: USA	Zip: 33477 Country: USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 8/25/99

5. FEI Number: 22-2530224 ☐ 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

000004704610--7
-12/04/01--01067--024
****200.00 ****200.00

Name: Marshall McDonald, III

Street Address (P.O. Box Number is Not Acceptable): 1070 E. Indiantown Road

Suite, Apt. #, Etc.: Suite 312

City: Jupiter State: FL Zip Code: 33477

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: Marshall McDonald III Date: 10/30/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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.	Theodore J. Levy	300 N. Highway A1A	Jupiter, FL 33477
VP	Theodore J. Levy	300 N. Highway A1A	Jupiter, FL 33477
Secy	Theodore J. Levy	300 N. Highway A1A	Jupiter, FL 33477
Treas.	Theodore J. Levy	300 N. Highway A1A	Jupiter, FL 33477

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: Theodore J. Levy 10/29/01 561-748-0840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #