PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

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

FILED
02 SEP 11 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 4M47706

1. Corporation Name

MEDI-CAR PROPERTIES, INC.

2. Principal Office Address	3. Mailing Office Address
2900 N.W. 7th Street	2900 N.W. 7th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33125 Country: USA	Zip: 33125 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/4/87

5. FEI Number: 65-0016717 ☐ 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: Parent , Douglas R.

Street Address (P.O. Box Number is Not Acceptable): 2900 N.W. 7th Street

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33125

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 9/9/02

REGISTERED AGENT MUST SIGN

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
PD	Parent, Douglas R.	2900 N.W. 7th Street	Miami, Florida 33125

REINSTATEMENT 09-02

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: _____ Douglas R. Parent 9/9/02 (305) 642-5231

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

TOTAL P.04