NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 21 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005298

1. Entity Name: Credicure, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4036 Cocoplum Circle	4036 Cocoplum Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number: 651035935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Valerie Barton

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

4036 Cocoplum Circle

Coconut Creek FL 33063

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Valerie Barton

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

300005978103--4
-06/25/02--00061--005
****297.50 ****297.50

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/S/D
NAME	Valerie Barton
STREET ADDRESS	4036 Cocoplum Circle
CITY-ST-ZIP	Coconut Creek, FL 33063
TITLE	V/D
NAME	Marco A. Lopez
STREET ADDRESS	4100 Davis Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33317
TITLE	T/D
NAME	Jineane Catinella
STREET ADDRESS	4036 Cocoplum Circle
CITY-ST-ZIP	Coconut Creek, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Barton 04-18-02 954-882-8772

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