

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000001956**

1. Corporation Name

Real Cure, Inc

2. Principal Office Address

2128 N. Bay Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

2128 N Bay Rd

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33140

Country

US

City & State

Miami Beach FL

Zip

33140

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/01

5. FEI Number

59-3704684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

David Kayton

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

2128 N. Bay Rd.

Suite, Apt. #, Etc.

600037721876

06/07/04-01036-002 *367.50**

City

Miami Beach

State

FL

Zip Code

33140

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/4/04

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
Director President	Mark Kayton	3119 Bammel Lane	Houston, TX 77078
Director VP	David Kayton	2128 N. Bay Rd.	Miami Beach FL 33140
Sec/Treas	Eva Martinez	790 E. Colorado Blvd. #400	Providence, CA 91101

[Signature]

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:

[Signature] **Mark Kayton, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/04

Date

800-334-5734

Daytime Phone #

CR2001 01/04