

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 17 PM 3:43

DOCUMENT # N94000002158

1. Corporation Name **Cure Inc.**

500038466025
06/30/04--01044--002 **437.50

2. Principal Office Address
8500 SW 8th Street

3. Mailing Office Address
same

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
same

City & State
Miami, Fl.

City & State
same

Zip
33144

Country
USA

Zip
same

Country
same

REINSTATEMENT 98-04

4. Date Incorporated or Qualified
To Do Business in Florida **5/2/1994**

5. FEI Number **650481456** ☒ 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

Arnold Barbara

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

8500 SW 8th Street

Suite, Apt. #, Etc.

Suite 204

City
Miami

State
FL

Zip Code
33144

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

Arnold Barbara

REGISTERED AGENT MUST SIGN

Date **6/16/2004**

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
P	Arnold Barbara	8500 SW 8th Street #204	Miami, Fl. 33144
v	Orlando Castellon	8500 SW 8th Street # 204	Miami, Fl. 33144
S	Muriel Lopez	8500 SW 8th Street #204	Miami, Fl. 33144

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:

Arnold Barbara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/2004 (305) 261-8000
Date Daytime Phone #

CR2E081 (01/04)

Arnold Barbara & Associates, P.A.

8500 SW 8TH, STREET, SUITE 204- MIAMI, FLORIDA 33144
PHONE: (305) 261-8000 - TELECOPIER: (305) 261-9000

June 16, 2004

Eula Peterson
C/O Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Cure Inc./ Document # N94000002158

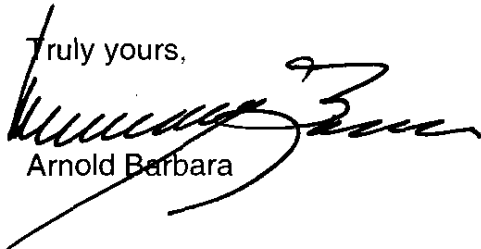
Dear Mrs. Peterson:

Enclosed please find reinstatement form properly executed together with check in the amount of \$ 437.50 in order to reinstate the above named Corporation and a certificate of good standing.

At the same time we hereby request from you to waive the \$ 175.00 fee since we never received the form for reinstatement due to the improper address on your records.

Thank you very much in advance for your cooperation.

Truly yours,



Arnold Barbara