

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -3 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007917

1. Corporation Name

Pro-Care Medical Supplies, Inc.
8045 NW 36 Street #565
Miami, Florida 33166

000037798730

06/09/04--01029--032 **450.00

2. Principal Office Address

8045 NW 36 St.

3. Mailing Office Address

8045 NW 36 St.

Suite, Apt. #, etc.

#565

Suite, Apt. #, etc.

#565

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

01-25-00

5. FEI Number

05-0974677

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

Luis Gonzalez / Pro-Care Medical Supplies, Inc.

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

8045 NW 36 Street

Suite, Apt. #, Etc.

#565

City

Miami

State

FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

June 02, 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, VP, T, D.	Luis Gonzalez	8045 NW 36 St #565 Miami, Florida 33166	miami, Florida 33166

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/04

305-468-9444

Date

Daytime Phone #

PS 272

Pro-Care Medical Supplies, Inc.
8045 NW 36 Street # 565
Miami, Florida 33166
(305) 468- 9444

June 02, 2004

Via Airborne

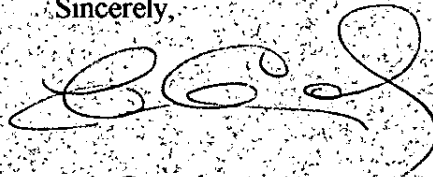
Capital Connection
Attn: Stacey
417 East Virginia Street
Suite # 1
Tallahassee, Florida 32301

Re: Reinstatement of Corporation of Pro-Care
Medical Supplies, Inc.

To Whom It May Concern:

It has come to our attention that our annual report has never been filed as a result our corporation has been dissolved. Enclosed please find a corporation reinstatement form along with a check for \$ 450.00. **Please note we have never received the annual renewal forms from your offices. (2002 - 2004)**

Sincerely,



Luis Gonzalez