PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
VISION OF CORPORATION

04 JAN -5 PM 4:55

DOCUMENT # P01000073944

1. Corporation Name
UNLIMITED CARE RESOURCES, INC.

REINSTATEMENT 02-03

600025942936
01/05/04--01002--030 **900.00

2. Principal Office Address	3. Mailing Office Address
2230 NW 152ND TERR.	2230 NW 152ND TERR
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: OPA LOCKA, FL.	City & State: OPA LOCKA, FL.
Zip: 33054-3726 Country: USA	Zip: 33054-3726 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/12/01

5. FEI Number: 65-0667047 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MATTHEW CUNNINGHAM

Street Address (P.O. Box Number is Not Acceptable): 20040 NW 39TH CT.

Suite, Apt. #, Etc. —

City: MIAMI GARDENS State: FL Zip Code: 33056-1906

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: 1-2-03

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PRES.	SONYA REESE	19001 NW 23RD AVE	MIAMI GARDENS, FL. 33056
V. PRES	SONYA REESE	19001 NW 23RD AVE	MIAMI GARDENS, FL. 33056
SEC.	SONYA REESE	19001 NW 23RD AVE	MIAMI GARDENS, FL. 33056

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: Sonya M. Reese 12/30/03 305-769-7646

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