

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN 17 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 801000031678

1. Corporation Name

CARE ONE MEDICAL Center Inc.

2. Principal Office Address - No P.O. Box #

490 Fisherman St.

Suite, Apt. #, etc.

3. Mailing Office Address

490 Fisherman Street

Suite, Apt. #, etc.

City & State

Opalocka FL

City & State

Opalocka FL

Zip

33054

Country

USA

Zip

33054

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/1/2008

5. FEI Number

65-1094031

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

Pierre R. Blum

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

490 Fisherman Street

Suite, Apt. #, Etc.

City

Opalocka

State

FL

Zip Code

33054

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Pierre R. Blum

Date

6/16/08

REGISTERED AGENT MUST SIGN

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	Pierre R. Blum	490 Fisherman Street	Opalocka FL 33054

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/08