

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -6 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069442

1. Corporation Name

Care First Medical Servs. Inc.

2. Principal Office Address

9240 SW 72 St

Suite, Apt. #, etc.

Ste. 209

City & State

Miami, FL

Zip

33173

Country

U.S.

3. Mailing Office Address

9240 SW 72 St

Suite, Apt. #, etc.

Ste. 209

City & State

Miami, FL

Zip

33173

Country

U.S.

200020562712
06/06/03--01027--007 0000-00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1121875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willie Colon

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

9240 SW 72 Street

Suite, Apt. #, Etc.

Ste. 209

City

Miami

State

FL

Zip Code

33173

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

Willie Colon

Date 6/3/03

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 |
|--------|--------------------------------------|---|--------------------|
| D | Willie Colon | 9240 SW 72 St. Ste. 209 | Miami, FL 33173 |
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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: *

Willie Colon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 6/3/03
Date

* (305) 630-3544
Daytime Phone #

CR2E081 (10/02)