


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P01000106162			
<b>1. Corporation Name</b> OxyCare of Tampa			
<b>2. Principal Office Address</b> 3601 Swann Ave Suite, Apt. #, etc. 102 City & State Tampa FL Zip 33609 Country US		<b>3. Mailing Office Address</b> 3601 Swann Ave Suite, Apt. #, etc. 102 City & State Tampa FL Zip 33609 Country US	

**FILED**

04 FEB 13 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-04

900028747839  
02/13/04--01044--029 \*\*1050.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/02/2001	
<b>5. FEI Number</b> 65-1158498	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Benjamin Metsch R	
Street Address (P.O. Box Number is Not Acceptable) 1455 NW 14th St	
Suite, Apt. #, Etc.	
City Miami	State FL Zip Code 33125

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Benjamin Metsch R*

REGISTERED AGENT MUST SIGN

Date 1/23/2004

**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	Noel Rodriguez	1455 NW 14th St Miami FL 33125	Miami / FL /
VP	Scott Backer	23101 SW 15th Ave Miami FL 33170	Miami / FL / 33170

**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 807.0401 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2004 786/203-9345  
Date Daytime Phone #

CR2E081 (10/02)