

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000117607

1. Corporation Name

We Care Family Medical Group, Inc.

2. Principal Office Address

6388 Silver Star Rd.

Suite, Apt. #, etc.

Suite A-1

City & State

Orlando, Florida

Zip

32818

Country

USA

3. Mailing Office Address

6388 Silver Star Rd.

Suite, Apt. #, etc.

Suite A-1

City & State

Orlando, Florida

Zip

32818

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2001

5. FEI Number

59-3759065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Ramon A. Gonzalez

12/23/03--01012--013 **750 00

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

2704 Green Meadow Circle

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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 12/16/2003

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
Pres.	Ivan Reyes	942 ardillita Ct.	Winter Spring, Fl. 32708
T.D	Lourdes Portalatin	2704 Green Meadow Circle	Kissimmee, Fl. 34741
S.D	Ana Peraza	1619 Hookville Ct.	Orlando, Fl. 32837

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)(l), 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

12/16/2003 (407) 970-0222

Date

Daytime Phone #

CR2E081 (10/02)