

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 9: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000117607**

**1. Corporation Name**

We Care Family Medical Group, Inc

**2. Principal Office Address**

6388 Silver Star Rd

Suite, Apt. #, etc.

Suite 1-A

City & State

Orlando, FL

Zip

32818

Country

USA

**3. Mailing Office Address**

6388 Silver Star Rd

Suite, Apt. #, etc.

Suite 1-A

City & State

Orlando, FL

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**

**7. Name and Address of Current Registered Agent**

Name

Ramon A. Gonzalez

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

2704 Green Meadow Circle

700035556497

Suite, Apt. #, Etc.

05/06/04--01021--006 \*\*900.00

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

REGISTERED AGENT MUST SIGN

Date

4/28/04

**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 Circle	Winter Springs, FL 32708
TD	Lourdes Portalatin	2704 Green Meadow Circle	Kissimmee, FL 34741
SD	Ana Peraza	1619 Hookbill 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)(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

Date

Daytime Phone

4/28/04 407-295 4644

CR2E081 (01/04)