

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102 - 11948

1. Corporation Name

MEDICYTE INCORPORATED

2. Principal Office Address

211 SW 178 WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33029

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida -

1-28-02

5. FEI Number

02-0546318

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

JOSEPH BARCIE

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

211 SW 178 WAY

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33029

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 12/21/03

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
CEO	JOSEPH BARCIE	211 SW 178 WAY	Hollywood FL 33029

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

12/21/03

Daytime Phone #

(305)
586.7976

CR2E(08) (10/02)



211 SW 178 Way
Hollywood, FL 33029

Phone: 305.586-7976
eFax: 305.422.7945

November 18, 2003

Florida Division of Corporations
Annual Report Division
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

In November 2002, I lost my wife to cancer. It was the single worst thing that could have ever happen. During her illness my life was completely devoted to her needs. After her death, I had to sell our home at 2321 North Bay Road, Miami Beach, FL 33140 to pay for medical bills and I honestly forgot to inform your office that I moved. Therefore, I never received the uniform business reports (UBR) for SoBe Health Inc and MediCyte, Inc.

The two companies never really got off the ground because after my wife was diagnosed my projects became less important to me.

I need your help reactivating these two companies and hope that you will consider the financial hardship I am still trying to overcome regarding your fees.

The first company is MediCyte Inc. Document # P02000011948 and
The second company is SoBe Health Inc. Document # P01000068586

The new address for both these companies is:
211 SW 178 Way
Hollywood, FL 33029

Enclosed please find the information your requested and two checks with the sincere hope that you can help me in reactivating these two companies.

Thank you


Joseph Barcie