

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070435

1. Corporation Name

UNICARE MEDICAL CORP.

Principal Place of Business

4685 NW 9TH ST. #E201
MIAMI FL 33126

Mailing Address

4685 NW 9TH ST. #E201
MIAMI FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

(SAME) Nancy Bosquet
Suite, Apt. #, etc. 330 SW 27 Ave #308

City & State Miami FL

Zip 33135 Country US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BOSQUET, NANCY	4685 NW 9TH ST. #E201 330 SW 27 Ave #308	MIAMI FL 33126 Miami FL 33135

400024334864

10/31/03--01058--022 **750.00

8. Name and Address of Current Registered Agent

BOSQUET, NANCY
4685 NW 9TH ST. #E201
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name Nancy Bosquet

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

330 SW 27 Ave

Suite, Apt. #, etc.

suite 308

City

Miami

State

FL

Zip Code

33135

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT
Nancy Bosquet
REGISTERED AGENT MUST SIGN

Date 10/15/03

11. 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
Nancy Bosquet 10/15/03 (305) 642-4023
Date Daytime Phone #

CR20040 (7/03)