

2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2006 OCT 27 PM 5:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000048377

1. Entity Name
PIONEER CARE TRANSPORTATION INC.



Principal Place of Business Mailing Address

~~7541 BISCAYNE BLVD.
MIAMI, FL 33138~~

13710 NE 11 Ave

2. Principal Place of Business 3. Mailing Address

13710 N.E. 11 Ave **13710 NE 11 Ave**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

N. Mia Beach FL **N. Mia Beach FL**

Zip Country Zip Country

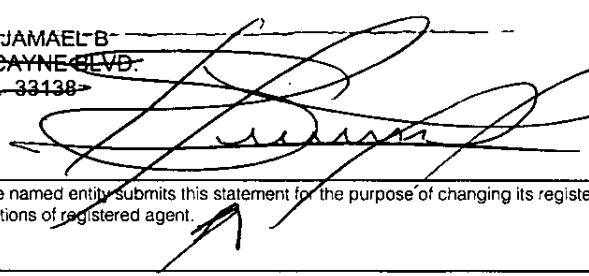
33161 **Dade** **33161** **Dade**



10092006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent

~~JOSEPH, JAMAEL B
7541 BISCAYNE BLVD.
MIAMI, FL 33138~~



4. FEI Number Applied For

74-1612229 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **Jamael B Joseph**

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

13710 NE 11 Ave

City **N. Mia Beach** FL Zip Code **33161**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **10/18/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	JOSEPH, JAMAEL B
STREET ADDRESS	275 NW 59TH TERRACE
CITY - ST - ZIP	MIAMI, FL 33127
TITLE	D <input type="checkbox"/> Delete
NAME	JOSEPH, ICELYN
STREET ADDRESS	275 NW 59TH TERRACE
CITY - ST - ZIP	MIAMI, FL 33127
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900081268329
STREET ADDRESS	10/27/06--01009--006 **750.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **10/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #