2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000066504

1. Entity Name
IDEAL CARE NETWORK INC.

FILED
2009 FEB 10 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D20620095 REIN-P CR2E098 (1/07) 08-09

REINSTATEMENT

Principal Place of Business	Mailing Address
7944 S.W. 8TH ST. MIAMI, FL 33144	7944 S.W. 8TH ST. MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10612 SW 147 PLACE	10612 SW 147 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami Florida
Zip: 33196 Country: USA	Zip: 33196 Country: USA

4. FEI Number: 59-3777703 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALACIOS, MIGUEL H 7944 S.W. 8TH ST. MIAMI, FL 33144	Name Street Address (P.O. Box Number is Not Acceptable): 10612 SW 147 PLACE City: Miami FL Zip Code: 33196

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: [signature] 500143266935 02/10/09--01020--021 **300.00

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

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PALACIOS, MIGUEL H 7944 S.W. 8TH ST. MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10612 SW 147 PLACE MIAMI, FL 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO PALACIOS, MIGUEL H 7944 S.W. 8TH ST. MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10612 SW 147 PLACE MIAMI, FL 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PALACIOS, MICHELLE C 7944 S.W. 8TH ST. MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10612 SW 147 PLACE MIAMI, FL 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALACIOS, FRANCISCO 7944 SW 8TH STREET MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10612 SW 147 PLACE MIAMI, FL 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. / DIRECTOR ☐ Change ☑ Addition MARTHA CECILIA MUÑOZ 10612 SW 147 PLACE MIAMI, FL 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500143266935 02/10/09--01020--020 **8.75

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #