

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 11 PM 12:15

**DOCUMENT # P04000004353**

1. Corporation Name

Madcat Health Care Inc.

2. Principal Office Address - No P.O. Box #

630 Brooker Creek Blvd.

Suite, Apt. #, etc.

Suite 305

City & State

Oldsmar, FL

Zip

34677

Country

USA

3. Mailing Office Address

630 Brooker Creek Blvd.

Suite, Apt. #, etc.

Suite 305

City & State

Oldsmar, FL

Zip

34677

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/5/2004

5. FEI Number  
20-0575014

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

Stephen Kamen

Street Address (P.O. Box Number is Not Acceptable)  
9561 Sunrise Lakes Blvd.

Suite, Apt. #, Etc.  
Apt 305

City

Sunrise

State

FL

Zip Code

33322

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Stephen Kamen*

REGISTERED AGENT MUST SIGN

Date January 8, 2008

**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
P	Stephen Kamen	114 Wayne St.	Jericho, NY 11753

REINSTATEMENT

26-08

300114812588  
01/11/08--01035--019 \*\*450.00

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 contained in Chapter 119, 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:

*Stephen Kamen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/08

Daytime Phone #

516-353-4483