PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAY -8 AM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000008991

1. Corporation Name

CARE MEDICAL GROUP, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2500 SW 107 AVE	
Suite, Apt. #, etc.: 7	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33165 Country: USA	Zip Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 208286296 ☐ 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: MARCOS LEDESMA

Street Address (P.O. Box Number is Not Acceptable): 2500 SW 107 AVE #7

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33165

900247644759
05/06/13--01012--002 **1000.00

900247644759
05/06/13--01012--003 **350.00

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: [signature] Date: 05-1-13

REGISTERED AGENT MUST SIGN

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
PD	MARCOS LEDESMA	2500 SW 107 AVE #7	Miami FL 33165
			S. HAWKES
	REINSTATEMENT		MAY 06 2013
	2009-13		EXAMINER

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: [signature] 05-1-13

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