

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000035660

**FILED**  
**Nov 15, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA TRANSPORTATION CARE INC

**Current Principal Place of Business:**

11852 SW 210 TERRACE  
MIAMI, FL 33177

**New Principal Place of Business:**

12942 SW 133 CT  
MIAMI, FL 33186

**Current Mailing Address:**

11852 SW 210 TERRACE  
MIAMI, FL 33177

**New Mailing Address:**

12942 SW 133 CT  
MIAMI, FL 33186

**FEI Number:** 20-8701260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, JOAQUIN  
11852 SW 210 TERRACE  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

GONZALEZ, JOAQUIN  
12942 SW 133 CT  
MIAMI, FL 33186 US

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.

**SIGNATURE:** JOAQUIN GONZALEZ

11/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GONZALEZ, JOAQUIN  
**Address:** 12942 SW 133 CT  
**City-St-Zip:** MIAMI, FL 33177

**Title:** VP  
**Name:** SAN MARTIN, JUAN  
**Address:** 12942 SW 133 CT  
**City-St-Zip:** MIAMI, FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOAQUIN GONZALEZ

P

11/15/2011

Electronic Signature of Signing Officer or Director

Date