APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079144

1. Corporation Name
We Care Medical Equipment, Inc.

Principal Place of Business / Mailing Address
P.O. Box 22-0405
Hollywood, FL 33022

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	P.O. Box 22-0405 Suite, Apt. #, etc.	1993
City & State	City & State Hollywood, Florida	5. FEI Number 65-0453797 ☐ Applied For ☐ Not Applicable
Zip / Country	Zip 33022 / Country Broward	6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres Sec/Treas	Tazia Restrepo	7511 SW 158th Ct	Miami, FL. 33193
			900002082049--5
			702/10/97--01012--006
			***1088.75 ***1088.75

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: Tazia Restrepo Street Address (P.O. Box Number is Not Acceptable): 7511 SW 158th Ct Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33193

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Tazia Restrepo — REGISTERED AGENT MUST SIGN — Date: 12-20-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Tazia Restrepo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12-20-96 — Daytime Phone #