APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -4 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P94000021483

WELLCARE, INC.
7020 PINES BOULEVARD
PEMBROKE PINES, FLORIDA 33021

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 7500 S.W. 8TH STREET, #104-A
City and State / Zip Code: MIAMI, FLORIDA 33144

3. If Principle Office Address is different from mailing address, enter address below:

Address: 7500 S.W. 8TH STREET, #104-A
City and State / Zip Code: MIAMI, FLORIDA 33144

AD 95-98

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida	5. FEI Number		6. $8.75 Additional Fee required for certified copy of status
MARCH 18, 1994	65-0463358	FEI Number Applied For / FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED X

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

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
:,S,D	MADELAINE A. SOPO	7500 S.W. 8TH STREET, #104-A	MIAMI, FLORIDA 33144 ~~331~~
'P, D	MICHAEL CARLOW	10400 GRIFFIN ROAD, #208	COOPER CITY, FLORIDA ~~33328~~
			900002136189--5 -04/08/97--01040--015 ***1088.75 ***1088.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

RONALD P. GLANTZ
7951 S.W. 6TH STREET, #200
PLANTATION, FLORIDA 33021

9. If changed, new registered agent / office

Name: STEVEN M. ROSEN, ESQ.
Street Address (Do NOT Use P.O. Box Number): 5601 BISCAYNE BOULEVARD
Street Address (Do NOT Use P.O. Box Number):
City: MIAMI | State: FL. | Zip: 33137

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: STEVEN M. ROSEN Date: MARCH 17, 1997
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. 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.)

13. 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 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 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 of Officer or Director: Madelaine A. Sopo Date: 03-17-97 Daytime Phone #: (305) 260-0056

Typed or printed name of signing officer or director: MADELAINE A. SOPO, PRES