

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001528

1. Corporation Name

CITY CARE MEDICAL SERVICES, INC.

2. Principal Office Address

11890 SW 8 STREET

Suite, Apt. #, etc.

STE: 506

City & State

MIAMI, FL

Zip

33184

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

04 JAN 21 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

01-06-1995

5. FEI Number

65-0544760

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

FELIPE RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

11890 SW 8 STREET STE: 506

City

MIAMI

State
FL

Zip Code
33184

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

REGISTERED AGENT MUST SIGN

Date

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 | FELIPE RODRIGUEZ | 11890 SW 8 STREET STE: 506 | MIAMI, FL 33184 |
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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 under section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2002

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


FELIPE RODRIGUEZ
PRESIDENT