PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047550

FILED
99 SEP 14 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name
Care Medical Services inc.

Principal Place of Business
10550 NW 77 ct Suite# 311
Hialeah Gardens, FL, 33016

Mailing Address

REINSTATEMENT 98 04

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: SP

5. FEI Number: 65-0591823 ☐ Applied For ☐ Not Applicable

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	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
Director	Alina Alfonso	5350 w 21 ct	#404 Hia, FL, 33016

700002393427--3
-09/22/99--01006--022
****900.00 ****900.00

8. Name and Address of Current Registered Agent
Alina Alfonso
10550 NW 77CT Suite#311
Hialeah Gardens, FL, 33016

9. Name and Address of New Registered Agent
Name: Alina Alfonso
Street Address (P.O. Box Number is Not Acceptable): 10550 NW 77ct suite# 311
Suite, Apt. #, Etc.: 311
City: Hialeah State: FL Zip Code: 33016

CR2E081 (12/98)

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

Signature of New Registered Agent: Alina Alfonso
REGISTERED AGENT MUST SIGN
Date: 8/31/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

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 or this form do not qualify for an exemption under section 119.07(3)(i), 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: Alina Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/31/99
Daytime Phone #