PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
1997 NOV 17 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000052332**

1. Corporation Name
UNICARE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1550 S.W. 1ST ST. MIAMI FL 33135	1550 S.W. 1ST ST. MIAMI FL 33135

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2742 SW 8 St.	2742 SW 8 St.
Suite, Apt. #, etc. Suite #28	Suite, Apt. #, etc. Suite #28
City & State Miami, Florida	City & State Miami, Florida
Zip 33135 Country USA.	Zip 33135 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1995

5. FEI Number: 65-0593993 ☐ 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)

1 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
PVST	GARCIA, ANA M	~~1550 SW 1ST ST~~ 2742 SW 8st, Suite 28	~~MIAMI FL~~ Miami, FL. 33135
D	GARCIA, ANA M	~~1550 SW 1ST ST~~ 2742 SW 8st, Suite 28	~~MIAMI FL~~ Miami, FL. 33135

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****750.00 ****750.00

REINSTATEMENT 11/17/97

8. Name and Address of Current Registered Agent

GARCIA, ANA M
1550 SW 1 ST
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name: ANA M. GARCIA
Street Address (P.O. Box Number is Not Acceptable): 2742 SW. 8 ST.
Suite, Apt. #, Etc.: Suite #28
City: Miami | State: FL | Zip Code: 33135

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: Ana M. Garcia — REGISTERED AGENT MUST SIGN — Date: 11/11/97

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

12. 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)(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: Ana M. Garcia — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/11/97 — (305) 643-2668 Daytime Phone #

Ana Maria Garcia - President

CR2E040 (9/97)