CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	01 OCT -2 AM 9: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000067283

1. Corporation Name

MEDICARD, INC.

800004634955---6
-10/12/01--01059--009
****750.00 ****750.00

REINSTATEMENT 2001

2. Principal Office Address
9700 Coral Way

Suite, Apt. #, etc.
Suite "A"

City & State
MIAMI, FLORIDA

Zip 33165 | Country USA

3. Mailing Office Address
9700 Coral Way

Suite, Apt. #, etc.
Suite "A"

City & State
MIAMI, FLORIDA

Zip 33165 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8-5-97

5. FEI Number 65-0772054 | 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 REBECA OLIVA

Street Address (P.O. Box Number is Not Acceptable)
9700 CORAL WAY

Suite, Apt. #, Etc.
Suite "A"

City MIAMI | State FL | Zip Code 33165

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 10-01-01

CR2E081 (9/00)

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
P	Rebeca Oliva	9700 Coral Way	miami, FL. 33165

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)(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: _____ President   10-01-01   (305) 269-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #