

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV -5 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067283

1. Corporation Name

MEDICARD, INC.

Principal Place of Business

~~9700 CORAL WAY  
SUITE A  
MIAMI FL 33165~~

Mailing Address

~~9700 CORAL WAY  
SUITE A  
MIAMI FL 33165~~

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

2. New Principal Office Address, If Applicable

~~2029 NW 87 AVE~~

Suite, Apt. #, etc.

City & State  
~~MIAMI, FL~~  
Zip  
~~33172~~ Country

3. New Mailing Office Address, If Applicable

~~2029 NW 87 AVE~~

Suite, Apt. #, etc.

City & State  
~~MIAMI, FL~~  
Zip  
~~33172~~ Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1997

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	OLIVA, REBECA	<del>9700 CORAL WAY</del> 2029 NW 87 AVE	<del>MIAMI FL 33165</del> MIAMI, FL 33172
			000008813420 11/05/02--01105--024 **150.00
			600008813466 11/05/02--01105--025 **8.50

8. Name and Address of Current Registered Agent

OLIVA, REBECA  
~~9700 CORAL WAY~~  
~~SUITE A~~  
~~MIAMI FL 33165~~

9. Name and Address of New Registered Agent

Name OLIVA, REBECA

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

2029 NW 87 AVE

Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33172

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

REBECA OLIVA  
  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 (305) 269-1515

CR2E040 (8/02)

**MEDICARD, INC.**  
**2029 NW 87<sup>th</sup> Avenue, Miami, Fl. 33172**  
**Tel. (305)269-1515**

October 25, 2002

**DIVISION OF CORPORATIONS**  
**ANNUAL REPORT/REINSTATEMENT SECTION**  
**PO BOX 6327**  
**TALLAHASSEE, FL 32314-6327**

This is to respectfully request that the REINSTATEMENT fee be waived because I did not received the two prior UBR notices. I think that this probably was due to the fact that we moved and have a new address, which I'm notifying now. Also since our previous location was in a shopping center, and although we were in suite A, somehow very often our mail ended up in somebody else's box and the other way around. I usually ended up with other businesses mail in our box.

I am enclosing:

- 1) Application for reinstatement (I included the new address on the application)
- 2) Check for \$150.00

I am sorry that I was not able to file on time and appreciate your help in this matter.

Sincerely,



Rebeca Oliva  
President