

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 18 PM 12: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Precision Medical Care INC.
1. Corporation Name
P97000074111

REINSTATEMENT 98-05

2. Principal Office Address 20205 ne 3rd ct #7		3. Mailing Office Address 20205 ne 3rd ct		REINSTATEMENT					
Suite, Apt. #, etc. #7		Suite, Apt. #, etc. #7							
City & State miami,fl		City & State miami,fl		4. Date Incorporated or Qualified To Do Business in Florida 1997					
Zip 33179		Country usa		5. FEI Number 650777463 <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not Applicable</td> <td></td> </tr> </table>		Applied For		<input checked="" type="checkbox"/> Not Applicable	
Applied For									
<input checked="" type="checkbox"/> Not Applicable									
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status					

7. Name and Address of Current Registered Agent			
Name <i>TEKUL FORCHAM</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>20205 NE 3rd CT</i>			
Suite, Apt. #, Etc. <i>#7</i>			
City <i>MIAMI</i>		State FL	Zip Code <i>33179</i>

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 *Debra Jordan* Date 2/16/05

REGISTERED AGENT MUST SIGN

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
pres	Telryl Fordham	20205 ne 3rd ct#7	miami,fl 33179
vp	Andrew Fordham	20205 ne 3rd ct#7	miami,fl 33179

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: *Tehuel Loebner* 2/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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