


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 MAR -1 PM 1:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>9970000107891</u>					
1. Corporation Name <u>TaCare Medical, Inc.</u>					
2. Principal Office Address <u>10113 W. Okeechobee Rd.</u>			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Hialeah Gardens, FL</u>			City & State		
Zip <u>33016</u>	Country <u>USA</u>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <u>SP</u>	
5. FEI Number <u>65-0801995</u>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		APPLIE Not Ap	
7. Name and Address of Current Registered Agent		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.			
Name <u>Antonio L Brana</u>		400003803084--3			
Street Address (P.O. Box Number is Not Acceptable) <u>10113 W. Okeechobee Rd.</u>		03/06/01-0114-001			
Suite, Apt. #, Etc.		***900.00 ***900.00			
City <u>Hialeah Gardens</u>		State <u>FL</u>	Zip Code <u>33016</u>		
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/V/S D/T	Antonio L. Brana	10113 W. Okeechobee Rd.		Hialeah Gardens, FL 33016	
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 fil 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 fe 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)(l), F.S. The information indic on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>Antonio L Brana</u>		2/28/01		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					