


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
REINSTATEMENT

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

DOCUMENT # P990000 48181

1. Corporation Name
CAREMED, INC.

2. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Office Address
415 W. 49 ST.
Suite, Apt. #, etc.
City & State
HIALLAH, FL
Zip Country
33012 U.S.A.

02 DEC 26 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009582784
11/18/02--01018--011 **900.00

11/18/02--01018--011 **900.00

2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida 5/24/99

5. FEI Number 65-0991280 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 OSUALDO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable) 415 WEST 49 STREET

Suite, Apt. #, Etc.

City HIALLAH, FL State FL Zip Code 33012

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 [Signature]

REGISTERED AGENT MUST SIGN

Date 11/4/02

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
<u>PD</u>	<u>OSUALDO MARTINEZ</u>	<u>415 W. 49 ST.</u>	<u>HIALLAH, FL. 33012</u>

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:

[Signature] OSUALDO MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02

Date

(305) 826-3300

Daytime Phone #

CR2E081 (9/01)

Finlay Clinics

November 11, 2002

Florida Department of State
Division of Corporations
409 Gaines Street
Tallahassee, Florida 32399

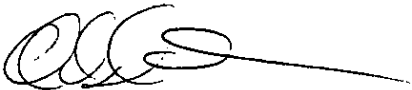
Re: Document Numbers: P99000048186
P98000074697
P99000048181
P00000107626
P98000093986
P00000107632

To Whom It May Concern:

The enclosed are 6 corporations that have not been re-instated for the year 2002. As of the above date none of the paper work that normally comes on a yearly basis had been received. The current address are written on each form.

If you should need any further information, do not hesitate to contact me at (305) 826-3300.

Sincerely,



Osvaldo Martinez
President