PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 15 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S72078

1. Corporation Name
MEDCARE SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1200 N.W. 87TH AVE MIAMI, FL. 33172	1200 N.W. 87 AVE MIAMI, FL. 33172

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

REINSTATEMENT 99

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
N/A	N/A
Suite, Apt. #, etc: N/A	Suite, Apt. #, etc: N/A
City & State: N/A	City & State: N/A
Zip: — Country: —	Zip: — Country: —

4. Date Incorporated or Qualified To Do Business in Florida: AUGUST 9, 1988P

5. FEI Number: 65-0281381 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	LUIS MOLL	10221 S.W. 87 ST.	MIAMI, FL. 33173
VICE PRES	SONIA TORRE	1110 COUNTRY CLUB PRADO	CORAL GABLES, FL. 33134
			800003050208--4 -11/19299--01091--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SONIA TORRE
1110 COUNTRY CLUB PRADO
CORAL GABLES, FL. 33134

9. Name and Address of New Registered Agent

Name: SONIA TORRE
Street Address (P.O. Box Number is Not Acceptable): 1200 N.W. 87 AVE.
Suite, Apt. #, Etc.: MIAMI, FLORIDA 33172
City: MIAMI, FLORIDA | State: FL | Zip Code: 33172

CR2E040 (1-95)

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.

Signature of Registered Agent: Luis Moll Sonia Torre — Date: _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Luis Moll LUIS MOLL — 10/7/99 — (305) 477-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #