

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S72078

i. Corporation Name

MED-CARE SOUTH FLORIDA, INC

FILED

02 MAR -8 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005108342--4
-03/14/02--01060--008
****900.00 ****900.00

2. Principal Office Address

1200 N.W. 87th AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1200 N.W. 87th AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

33172

City & State

MIAMI, FL

Zip

Country

33172

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

SONIA TORRES

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

1200 N.W. 87th AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

Sonia M. Torres

Date 3-5-02

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
P	LUIS MULL	10221 S.W. 87 th STREET	MIAMI, FL 33173
VP	SONIA TORRES	1110 COUNTRY CLUB PRADO	CORAL GABLES, FL 33134

REINSTATEMENT 01-02-00

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:

Sonia M. Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02

Date

305-477-4111

Daytime Phone #

CR2E081 (9/00)