

2009 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P03000066504

1. Entity Name
IDEAL CARE NETWORK INC.

FILED

2009 FEB 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **7944 S.W. 8TH ST. MIAMI, FL 33144**

Mailing Address: **7944 S.W. 8TH ST. MIAMI, FL 33144**

2. Principal Place of Business - No P.O. Box: **10612 SW 147 PLACE**

3. Mailing Address: **10612 SW 147 PLACE**

Suite, Apt. #, etc.

City & State: **Miami, Florida**

City & State: **Miami Florida**

Zip: **33196** Country: **DADE**

Zip: **33196** Country: **DADE**

REINSTATEMENT

D2062009 REIN P CR2E098 (1/07) **08-09**

4. FEI Number: **59-3777703**

Applied For: Not Applicable

6. Name and Address of Current Registered Agent

PALACIOS, MIGUEL H
7944 S.W. 8TH ST.
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **10612 SW 147 PLACE**

City: **Miami** FL Zip Code: **33196**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: **02/10/09--01020--021 **300.00**

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> Delete
NAME: PALACIOS, MIGUEL H	
STREET ADDRESS: 7944 S.W. 8TH ST.	
CITY-ST-ZIP: MIAMI, FL 33144	
TITLE: CEO	<input type="checkbox"/> Delete
NAME: PALACIOS, MIGUEL H	
STREET ADDRESS: 7944 S.W. 8TH ST.	
CITY-ST-ZIP: MIAMI, FL 33144	
TITLE: SD	<input type="checkbox"/> Delete
NAME: PALACIOS, MICHELLE C	
STREET ADDRESS: 7944 S.W. 8TH ST.	
CITY-ST-ZIP: MIAMI, FL 33144	
TITLE: D	<input type="checkbox"/> Delete
NAME: PALACIOS, FRANCISCO	
STREET ADDRESS: 7944 SW 8TH STREET	
CITY-ST-ZIP: MIAMI, FL 33144	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 10612 SW 147 PLACE	
CITY-ST-ZIP: MIAMI, FL 33196	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 10612 SW 147 PLACE	
CITY-ST-ZIP: MIAMI, FL 33196	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 10612 SW 147 PLACE	
CITY-ST-ZIP: MIAMI, FL 33196	
TITLE: V.P. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MARTHA CECILIA MUÑOZ	
STREET ADDRESS: 10612 SW 147 PLACE	
CITY-ST-ZIP: MIAMI, FL 33196	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 500143266935	
CITY-ST-ZIP: 02/10/09--01020--020 **8.75	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____