

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P16000062993

**Entity Name:** IKRACKED MEDIC INC

**Current Principal Place of Business:**

6640 STIRLING RD  
DAVIE, FL 33024

**Current Mailing Address:**

6640 STIRLING RD  
DAVIE, FL 33024

**FEI Number: 81-3425465**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAPPOTS, ELIXETTE MRS  
205 BRIARWOOD CIRCLE  
HOLLYWOOD, FL 33024 US

*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.*

**SIGNATURE: ELIXETTE LAPPOTS**

**10/30/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAPPOTS, ELIXETTE MRS  
Address 205 BRIARWOOD CIRCLE  
City-State-Zip: HOLLYWOOD FL 33024

Title VP  
Name LAPPOTS, ELIXETTE MRS  
Address 205 BRIARWOOD CIRCLE  
City-State-Zip: HOLLYWOOD FL 33024

Title MGMR  
Name LAPPOTS, ELIXETTE  
Address 205 BRIARWOOD CIRCLE  
City-State-Zip: HOLLYWOOD FL 33024

Title MGM  
Name LAPPOTS, ELIXETTE  
Address 205 BRIARWOOD CIRCLE  
City-State-Zip: HOLLYWOOD FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ELIXETTE LAPPOTS**

**PRESIDENT**

**10/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date