

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 FEB 28 PM 2:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 843576

1. Corporation Name

North American Health Services, Inc.

Principal Place of Business

Mailing Address

111 North Orlando Avenue Winter Park, FL 32789

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/27/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1041820

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Bob Moon and T. L. Trimble.

700003161127--3 -03/08/00--01007--014 ***1350.00 ***1350.00

REINSTATEMENT 96-00 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

T. L. Trimble 2400 Bedford Road Orlando, FL 32803

Name

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

111 N. Orlando Avenue

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

2/13/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [] No []

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/00 407-975-1413

Daytime Phone #

CR2E08 (12/98)