


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -2 AM 10:45

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000004760

1. Limited Liability Company's Name
NATIONWIDE HEALTH NETWORK, LLC

2. Principal Office Address 13499 Biscayne Boulevard Executive Tower		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc.	
City & State North Miami		City & State	
Zip 33181	Country USA	Zip	Country

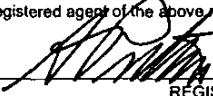
CR2E041 (8/05)

4. State/Country of Formation FLORIDA
5. Date Organized or Qualified To Do Business in Florida 02/28/2002
6. FEI Number 020552981
Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Law Office of Arnold M. Preston
Street Address (P.O. Box Number is Not Acceptable) 13499 Biscayne Boulevard
Suite, Apt. #, Etc. Suite 4
City North Miami
State FL
Zip Code 33181

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 9/26/06

REGISTERED AGENT MUST SIGN

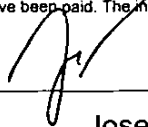
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Johany Preston	2253 Keystone Boulevard	North Miami, FL 33181
MGR	Jose Terry	2253 Keystone Boulevard	North Miami, FL 33181

100020355215
10/02/06--01055--001 **305.00

REINSTATEMENT 03-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager  Date 09/26/06 Daytime Phone # 800-400-2545

Typed or printed name of signing Managing Member/Manager Jose Terry