

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 17 PM 1:13

DOCUMENT # P01000112847

1. Corporation Name

HEALTH COMPUTER TOOLS, INC.

2. Principal Office Address  
7220 NW 36 ST

3. Mailing Office Address  
7220 NW 36 ST

Suite, Apt. #, etc.  
301

Suite, Apt. #, etc.  
301

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-1156430

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  
DANIEL ABARCA

Street Address (P.O. Box Number is Not Acceptable)  
7220 NW 36 ST

Suite, Apt. #, Etc.  
301

City  
MIAMI

State  
FL

Zip Code  
33166

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

Date  
10/11/2006

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	DANIEL ABARCA	3050 ELIZABETH ST	MIAMI, FL 33133

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 contained in Chapter 119, 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:

DANIEL ABARCA

10/11/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6. Attached OCT 17 2006