PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016876 ST.

1. Corporation Name

AMERICAN NURSE CAREER INC.

REINSTATEMENT 03
WSP

2. Principal Office Address	**3.** Mailing Office Address
871 W. Oakland Park Blvd Suite 300	871. W. OAKLAND PARK BLVD. Suite 300
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL.
Zip: 33311 Country:	Zip: 33311 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — 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: BASAVARAJ. A. HOOLI.
C/O Joseph. Cichowski. Attorney.
Street Address (P.O. Box Number is Not Acceptable): 871. W. Oakland Park Blvd.
Suite, Apt. #, Etc.: 300
City: Fort. Lauderdale — State: FL — Zip Code: 33311

900024262129
10-29-03 01071-027 **150.00

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 oct 28, 2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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.T	HOOLI BASAVARAJ. A. 1550 E. Harmon. #319. LAS VEGAS NV. 89119.	1550 E. Harmon. #319 LAS VEGAS. NV. 89119.	LAS Vegas NV. 89119.
V	MARY. SANIKOPP. MPH. RN.	913 Fallen Stone Ct.	BEL-AIR MD 34690.
V	SANIKOPP. R.B. M.D	913 Fallen Stone ct.	BEL-AIR M.D. 34690
V	MUNDASAD. MOHAN. F.R.C.S	Bristol Eye Hospital	Bristol. U.K. BS12LX.

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 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: BASAVARAJ. A. HOOLI 10/28/2003 (352)346-5442.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Oct 28, 2003.

To
Secretary of State.
Division of Corporations.
George Firestone Bldg.
49. E. Gaines St.
Tallahassee. Fl. 32399.

Respected Madam/Sir,

Sub:- American Nurse Career. Inc. Annual Report.

I moved to Las Vegas Nevada State, I never received mail addressed to Holiday Fl. address. Kindly consider this Reinstatement form and accept $150=00 Annual Reporting fees. Thank You Very much.

Yours faithfully

(Basavaraj A. Hooli MS. MBA)
1550 E. Harmon St # 319.
Las Vegas NV. 89119.