

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 OCT 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023954838
10/20/03--01039--020 **150.00

REINSTATEMENT 03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD20000098340
1. Corporation Name
Biscayne Health Group, Inc

2. Principal Office Address <u>700 NE 90th St.</u>		3. Mailing Office Address <u>700 NE 90th St.</u>	
Suite, Apt. #, etc. <u>Suite B</u>		Suite, Apt. #, etc. <u>Suite B</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33138</u>	County <u>Dade</u>	Zip <u>33138</u>	County <u>Dade</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>9/11/02</u>	
5. FEI Number <u>52-2381782</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Lawrence S. Tolchinsky, Esq

Street Address (P.O. Box Number is Not Acceptable)
2100 East Hallandale Beach Boulevard

State, Apt. #, Etc.
Suite 200

City
Hallandale Beach

State
FL

Zip Code
33009

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent
[Signature]

Date
10/7/03

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
<u>Pres</u>	<u>Gregory GERASIMOS</u>	<u>16711 Collins Ave, #2101</u>	<u>Sunny Isles Beach 33160</u>

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 907.0401 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)(f), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10.9.03

Daytime Phone #
(305) 754-7166

CORPORATE (10082)

21 10/22

BISCAYNE HEALTH GROUP

700 N.E. 90th STREET
MIAMI, FL 33138
Tel 305.754.7766 fax 305. 754.9777

October 10, 2003

Florida Department of State
Division of Corporations
Attn: State of Secretary

Re: Corporate Re-Instatement
FEI No.: 52-2381782
Account No.: P02000098340

To whom it may concern:

On September 19, 2002, my corporation, Biscayne Health Group, Inc., signed The Unified Business Report. It was our understanding that this form would be automatically sent when it was to be renewed to me or to my agent, Lawrence S. Tolchinsky, P.A. located at 2100 E. Hallandale Beach Blvd. Suite # 200, Hallandale, Florida, 33009. However, neither I nor my agent received this form. Therefore, it is unjust to be fined \$600.00 to do the corporate re-instatement.

Please contact me or my agent at your earliest convenience, for it is imperative that this matter be resolved as soon as possible.

Thank you for your consideration.

Sincerely,



Gregory Gerasimov