

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 AUG -2 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079551

1. Corporation Name
*Advanced Health Care Facilities
Management, Inc.*

2. Principal Office Address
2061 NW 35th Terrace

3. Mailing Office Address
2061 NW 35th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coconut Creek, FL

City & State
*Coconut Creek
Florida*

Zip
33066

Country
USA

Zip
33066

Country
USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida *Sept. 26, 1996*

5. FEI Number
65-0758650

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
Ginny L. Goldman, ~~ESQ.~~ ESQ., Ginny L. Goldman, P.A.

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

190 NW Spanish River Blvd.

500004547625

Suite, Apt. #, Etc.

200

*08/21/01 01075 022
*****300.00 *****300.00*

City
Boca Raton

State
FL

Zip Code
33431

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
Ginny L. Goldman
REGISTERED AGENT MUST SIGN

Date
7/30/01

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
<i>Pres. Dir.</i>	<i>Sidney Rosenblatt</i>	<i>2061 NW 35th Terrace</i>	<i>Coconut Creek, FL 33066</i>

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: *Sidney Rosenblatt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *7/30/01*
Daytime Phone #: *954-722-6314*

CR2E081 (9/00)