


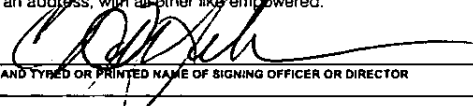
**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1072

06 DEC -1 PM 3:51

REINSTATEMENT 06

DOCUMENT # V73357					
1. Entity Name WINGS HEALTH CARE SOLUTIONS, INC.					
Principal Place of Business 4327 SOUTH HWY. 27 #607 CLERMONT, FL 34711 US			Mailing Address 4327 SOUTH HWY. 27 #607 CLERMONT, FL 34711 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3148745	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JELSEMA, C. BEN 1150 E. PLANT ST SUITE C WINTER GARDEN, FL 34787			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 			DATE: Nov. 22, 2006		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JELSEMA, CHARLES B.		NAME	300082209463	
STREET ADDRESS	1150 E. PLANT STE C		STREET ADDRESS	12/01/06--01040--011 **158.75	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JELSEMA, FAITH		NAME		
STREET ADDRESS	1150 E. PLANT STE C		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 11/22/06		Daytime Phone #: 352-243-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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November 23, 2006

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement - Wings Health Care Solutions FEI # 59-3148745

Please find our reinstatement form with the \$ 150.00 fee.

The requested \$ 750.00 includes a \$ 600.00 late fee charge which we do not feel is warranted.

We moved our business from Winter Garden (Orange County) to Clermont (Lake County) in January 2006. We did not get the tax statement for renewal as it must not have been forwarded. The only notice which was forwarded was the notice of non-renewal. We then sent in the post card with the address change and received the enclosed reinstatement form; Document # V73357.

Please review and hopefully wave the late fee due to the above circumstances.

Please note, we have included the \$ 8.75 fee for Certificate of Status.

Thank you for your attention to this request.

Sincerely,

C. Ben Jelsema
President
Wings Health Care Solutions

Wings Health Care Solutions, Inc.

4327 Hwy. 27 # 607 ~ CLERMONT, FL ~ 34711

800 352 - 3966 Fax 352 243 - 0201