

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 25 AM 8:28

DOCUMENT # P98000058131

1. Corporation Name

A.H.C. MANAGEMENT SERVICES INC

2. Principal Office Address

12000 BISCAYNE BOULEVARD

3. Mailing Office Address

12000 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE #603

Suite, Apt. #, etc.

SUITE #603

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

JUNE 30, 1998

5. FEI Number

65-0855218

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

COHEN, JEFFREY R.

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

297 SUNNY ISLES BLVD.

Suite, Apt. #, Etc.

~~388883415289~~ - 1
-10/05/00--01083--014
****300.00 ****300.00

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	MARSHALL, GREGORY L.	12000 BISCAYNE BLVD #603	NORTH MIAMI, FL 33181

9/19/00

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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

9/19/00

Date

305-891-2344

Daytime Phone #

CR2E081 (9/99)

20fr
A.H.C MANGEMENT SERVICES INC.

September 19, 2000

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

RE: Corporation Reinstatement
Document # P98000058131

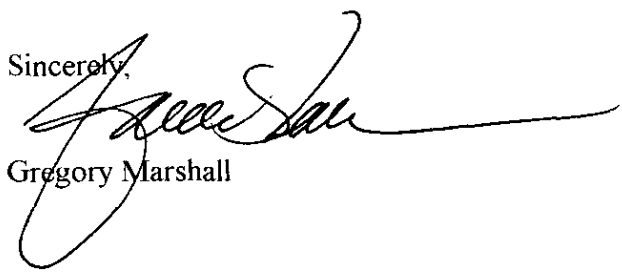
To Whom It May Concern:

This is in reference to the administrative dissolution of A.H.C. Management Services Inc. Please be advised that we did not receive the annual report for 1999 and 2000. For some reason you have been mailing the annual reports to a non-existing suite number in our building. We only discovered that our companies were dissolved by accident when a vendor attempted to get a credit report. My follow-up phone call to your office discovered the error. Seeing as we were not at fault, we request that the reinstatement fees be waived.

Please find enclosed a completed reinstatement form with the correct mailing address and a check in the amount of \$300.00 for the filing years of 1999 and 2000.

If you have an questions or comments please do not hesitate calling

Sincerely,


Gregory Marshall

12000 BISCAYNE BOULEVARD SUITE #603 NORTH MIAMI, FL 33181