PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

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

00-01 UBL

FILED
01 AUG -6 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012436

1. Corporation Name
CONSUMER HEALTHCARE CONSULTANTS INC.

400004547924--9
-08/22/01--01007--014
****300.00 ****300.00

2. Principal Office Address		**3.** Mailing Office Address	
15101 SW 150 AVE		15101 SW 150 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
N/A		N/A	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip: 33196	Country: USA	Zip: 33196	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/6/1997

5. FEI Number: 65-0724361 ☐ 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: EULALIA MARIA TURNER

Street Address (P.O. Box Number is Not Acceptable): 15101 SW 150 AVE

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33196

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: Eulalia Turner — Date: 5/13/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PRESIDENT	EULALIA M. TURNER	15101 SW 150 AVE	MIAMI, FL 33196
			LS

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: Eulalia Turner — 5/13/2001 — 305-255-8908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CONSUMER HEALTHCARE CONSULTANTS

15101 SW 150TH Avenue, Miami, Florida 33196 Office: (305)255-8908

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCER:

AS PER MY CONVERSASION WITH A REPRESENTATIVE IN YOUR OFFICE BY THE NAME OF TYRONE ON 05/13/2001, I AM SUBMITTING THIS LETTER TO ADVICE YOU THAT I DID NOT RECEIVE MY CORPORATE FILING FORM IN THE YEAR 2000 OR 2001. WHEN I REALIZED THE FORM HAD NOT BEEN SENT TO ME, I CALLED AND WAS SENT A REINSTATEMENT FORM AND TOLD TO SUBMIT A LETTER EXPLAINING. AFTER REQUESTING THE REINSTATEMET FORM ONCE AND NEVER RECEIVING THAT FORM EITHER I CALLED A SECOND TIME AND SPOKE TO KATHY. I FINALLY RECEIVED THE SECOND REINSTATEMENT FORM SENT AND ARE NOW SUBMITTNG THE FORM, THE LETTER, AND CHECK FOR THE FEE FOR THE YEARS 2000 AND 2001.
PLEASE REINSTATE MY APPLICATION WITH NO LAPSE.

THANKYOU IN ADVANCE,

EULALIA TURNER