

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV 22 AM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # FO2000001622

1. Corporation Name

HEALTH LAW CONSULTANTS, INC.

2. Principal Office Address

711 S. Carson St.

3. Mailing Office Address

PO Box 880549

Suite, Apt. #, etc.

Ste. 4

Suite, Apt. #, etc.

City & State

Carson City, NV

City & State

Boca, Raton, Florida

Zip

89701

Country

USA

Zip

33488

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/02

5. FEI Number

45-0467904

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

Silverman, FW

300061630493

11/22/05--01077--010 **00.00

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

22260 Morning Glory Terrace

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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 AgentFW Silverman MD
REGISTERED AGENT MUST SIGNDate 11/1/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSC	Frederick W. Silverman	PO Box 880549	Boca Raton, FL 33488

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 118.07(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:

FW Silverman MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/05

Daytime Phone #

561-397-7098