

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -6 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602000004436

1. Corporation Name
IHealth, Inc.

2. Principal Office Address
5499 N. Federal Hwy

3. Mailing Office Address
5499 N. Federal Hwy

Suite, Apt. #, etc.
Suite D

Suite, Apt. #, etc.
Suite D

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip Country
33487 USA

Zip Country
33487 USA

4. Date Incorporated or Qualified
To Do Business in Florida August 28, 2002

5. FEI Number
13-4204191

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
Brian S. John

Street Address (P.O. Box Number is Not Acceptable)
5499 N. Federal Hwy, suite D

Suite, Apt. #, Etc.
Suite D

City
Boca Raton

State Zip Code
FL 33487

200051259332
04/19/05--01089--017 **45.00

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

B.S. John

REGISTERED AGENT MUST SIGN

Date

4/5/05

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
Pres/Di	Brian S. John	5499 N. Federal Hwy, suite D	Boca Raton, FL 33487
Dir.	Frank Benedetto	5499 N. Federal Hwy, Suite D	Boca Raton, FL 33487
Dir.	Richard Miller	5499 N. Federal Hwy, Suite D	Boca Raton, FL 33487

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B.S. John

Date

Daytime Phone #

4/5/05 561-989-3600

CR2E061 (01/05)

T. Roberts APR 13 2005

P3 2 9L

IHealth

April 5, 2005

Florida Department of State
Secretary of State
Division of Corporations

Re: IHealth, Inc. FEI# 13-4204191
Corporation Reinstatement of;
IHealth, Inc.
5499 N. Federal Hwy.
Suite D
Boca Raton, FL 33487
Document #: F02000004436

To whom it may concern,

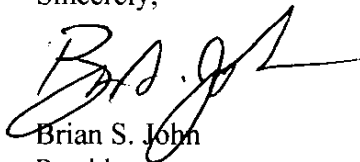
As per my conversation with your office on April 5, 2005, we are requesting that you Reinstatement IHealth, Inc. with the Florida Division of Corporations.

Due to an address change, our 2003 notices were never received. We respectfully request that you waive the reinstatement fees.

We have enclosed check #1378 in the amount of \$450.00, which according to your office is sufficient to cover our balance due.

If you should have any further questions please contact us at 561-989-3600. Thank you in advance for your help.

Sincerely,



Brian S. John
President
IHealth, Inc.