


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000002809					
1. Corporation Name Integrated Health Services of Skyview II, Inc					
2. Principal Office Address 910 Ridgebrook Rd Suite, Apt. #, etc.			3. Mailing Office Address 910 Ridgebrook Rd Suite, Apt. #, etc.		
City & State Sparks, MD			City & State Sparks, MD		
Zip 21152	Country USA	Zip 21152	Country USA		


FILED
02 NOV 12 PM 6:21
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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12/16/02--01010--007 **150.00


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-10/16/02--01108--001
***750.00 ***750.00

4. Date Incorporated or Qualified To Do Business in Florida 5/8/95	
5. FEI Number 52-1926651	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name National Corporate Research, LTD, Inc		
Street Address (P.O. Box Number is Not Acceptable) 406 Hays Street Suite #2 103 N. Meridian St.		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

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 	Date 10/14/02
REGISTERED AGENT MUST SIGN	

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
P, D	John Heller	910 Ridgebrook Rd	Sparks, MD 21152
V	Melissa Warlow		
T	Matthew Box		
S	Ronald Lord		
D	W. Bradley Bennett		
REINSTATEMENT 10-15-02			

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: 	10-15-02 Date	410-773-1080 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E081 (9/01)