1 of 2

FILED

07 AUG 17 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004983

1. Corporation Name

Foundation Health Facilities, Inc.

2. Principal Office Address - No P.O. Box
21650 Oxnard Street
Suite, Apt #, etc.
City & State
Woodland Hills, CA
Zip
91367
Country

3. Mailing Office Address
21650 Oxnard Street
Suite, Apt #, etc.
City & State
Woodland Hills, CA
Zip
91367
Country

REINSTATEMENT 2007

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
68-0390438
☐ 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

CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt #, Etc.
City
Plantation
State
FL
Zip Code
33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] CONNIE BRYANT, SPECIAL ASSISTANT SECRETARY   Date ____________
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	James Woys	21650 Oxnard Street	Woodland Hills, CA 91367
T	Wisdom Lu	21650 Oxnard Street	Woodland Hills, CA 91367
S	Kathy Plaksin	21650 Oxnard Street	Woodland Hills, CA 91367
D	James Woys	21650 Oxnard Street	Woodland Hills, CA 91367
D	Wisdom Lu	21650 Oxnard Street	Woodland Hills, CA 91367
D	Dennis Bell	21650 Oxnard Street	Woodland Hills, CA 91367

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 contained in Chapter 119, 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] Kathy Plaksin Secretary   4/19/07   818-676-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

B. Mitchell AUG 17 2007

08/17/2007 11:09 8502227515 CT CORP PAGE 02/02

Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
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Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

FOUNDATION HEALTH FACILITIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,050.00~~ $450.00

* please waive penalty fees *

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