

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY 21 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F97000006139

1. Corporation Name

NH-TSL, INC.

2. Principal Office Address

Wound Healing Ctr.

Suite, Apt. #, etc.

1930 East Thomas Rd.

City & State

Phoenix, AZ

Zip

85016

Country

USA

3. Mailing Office Address

NATIONAL HEALING CORP.

1900 Corporate Blvd. NW #105W
Boca Raton, FL 33431

City & State

West Boca Raton, FL

Zip

33431

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified

To Do Business in Florida 11/20/1997

5. FEI Number

582353832

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

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

Carol K. Dolor

Date

REGISTERED AGENT MUST SIGN

Carol K. Dolor, Asst. VP

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

CEO & Board Secretary
JAMES E PATRICK
1900 CORPORATE BLVD., #105W
BOCA RATON, FL 33431

CFO
James M. Tyler
1900 Corporate blvd. NW #105W
Boca Raton, FL 33431

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

Jim Patrick

Date

5/17/01

Daytime Phone #

(561) 994-1174