FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004753

1. Corporation Name
HEALTH SCIENCES ASSURANCE CONSULTING, INC.

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
456 North Tamiami Trail	456 North Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Osprey Florida 34229	City & State: Osprey Florida 34229
Zip: 34229 Country: Sarasota	Zip: 34229 Country: Sarasota

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/1998
5. FEI Number: 364148151 ☐ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent
Name: Michael W. Stuart
Street Address (P.O. Box Number is Not Acceptable): 456 North Tamiami Trail
Suite, Apt. #, Etc.
City: Osprey State: FL Zip Code: 34229

8. I, being appointed [illegible] of the above [illegible] corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: (signature) /S/ SIGN Date: 1/28/2004

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
C D	Michael W. Stuart	456 North Tamiami Trail	Osprey FL 34229
P S T D	Cindy L. Stuart	456 North Tamiami Trail	Osprey FL 34229
VP D	Shawn Stuart	456 North Tamiami Trail	Osprey FL 34229

10. I certify that I am an officer or director of the corporation 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) MICHAEL W. STUART 01/28/2004 941-918-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

HEALTH SCIENCES ASSURANCE CONSULTING, INC.

Certificate of Status	1
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Page Count	02
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