

# 2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2006 OCT 12 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10072006 REIN-P CR2E098 (11/05)

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # H94244</b>   |  |  |   |                |  |
| 1. Entity Name<br><b>MUSYA'S EUROPEAN HEALTH CARE CENTER, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>500 BAYVIEW DR<br/>NO MIAMI BCH, FL 33160 US</b>   |  |  | Mailing Address<br><b>% MUSYA &amp; AARON GELMAN<br/>230-174 STR, APT 1801<br/>NORTH MIAMI BEACH, FL 33160 US</b> |   |  |
| 2. Principal Place of Business   |  |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>59-2653119</b>  |  |
|  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>KWITNEY, PAUL<br/>420 LINCOLN ROAD<br/>SUITE 512<br/>MIAMI BEACH, FL 33139</b>   |  |  | 7. Name and Address of New Registered Agent   |   |  |
|  |  |  | Name  |   |  |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)  |   |  |
|  |  |  | City  |   |  |
|  |  |  | FL Zip Code   |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |  |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2007, Fee will be \$300.00</b>   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GELMAN, MUSYA<br>500 BAYVIEW DR<br>NO MIAMI BCH, FL  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>GELMAN, AARON<br>500 BAYVIEW DR<br>NO MIAMI BCH, FL | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |   |  |
| SIGNATURE: <u>Musya Gelman</u>   |  |  | 10-10-2006  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <small>Date Daytime Phone #</small>   |   |  |

10/16/06