2006 FOR PROFIT CORPORATION REINSTATEMENT

1									
DOCUMENT # H94244 1. Entity Name MUSYA'S EUROPEAN HEALTH CARE CENTER, INC.					FILED				
							T 12 PM		
Principal Place	e of Business	Mailing Address				2500	ETARY OF SHASSEE.F	STATE	-
500 BAYVIEW DR		% MUSYA & AARON GELMAN				SEUR	HASSFE.F	LORIS	AC
NO MIAMI BCH, FL 33160 US 230-174 STR, APT 180						IALLA	MAGGE		
		North Miami Beach,	FL 3310	50 US	1 1851811 8151	n latin elata liem etali al	er elen elen elen Eren	esena exemi	18) II (88)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10072006	REIN-P	CR2E098 (1	1/05)	
City & State		City & State			4. FEI Number 59-265				lied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		5 Addit	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New	Registered Agent		
LANDER INC.	DALII			Name					
KWITNEY, 420 LINCO				Street Address	(P.O. Box Numb	er is Not Acceptab	le)		
SUITE 512					Street Address (P.O. Box Number is Not Acceptable)				
	ACH, FL 33139						- -		
				City			FL Z	ip Code	
8. The above the obligation	named entity submits this statement ions of registered agent.	t for the purpose of changing its	s registere	ed office or registe	red agent, or bo	th, in the State of F	lorida. I am tamilia	r with, a	nd accept
SIGNATURE_	Signature, typed or printed name of registered ag-								
,	Signature, typed or printed name or registered agr	ern and one is appropriate. [HeD]	In: Kagustari	ed Agent signature requi	red when rematating)		DATE		
	E NOWIII FEE IS \$150.00 mary 1, 2007, Fee will be \$300	0.00				In accordance	with s. 607.193(2)(b), F	.S., the
Michigan Carri	• •					corporation dic	I not receive the	prior no	DECO.
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/		FICERS AND DIRE		
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