PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

FILED
02 DEC 18 PM 2:22
~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

DOCUMENT # **J09895**

1. Corporation Name

HEALTH CARE INVESTORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~11106 N 30TH ST~~ ~~TAMPA FL 33612~~ ~~US~~ | ~~11106 N 30TH ST~~ ~~TAMPA FL 33612~~ ~~US~~ |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable | 4. Date Incorporated or Qualified To Do Business in Florida |
|---|---|---|
| 6166 Leesburg Pike | | 04/17/1986 |
| Suite, Apt. #, etc. D - 414 | Suite, Apt. #, etc. | 5. FEI Number 59-2674413 — Applied For / Not Applicable |
| City & State Falls Church, VA | City & State | |
| Zip 22044 Country USA | Zip — Country | 6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| ~~PD~~ | ~~ELKADI AHMED~~ | ~~11106 N 30 TH ST~~ | ~~TAMPA FL 33612~~ |
| P/D | ELKADI, Iman | 6166 Leesburg Pike # A-403 | Falls Church, VA 22044 |
| S/T/D | MOSTAFA, Abdel Monem | 6166 Leesburg Pike # A-207 | Falls Church, VA 22044 |

300009530073
12/17/02--01005--009  **300.00

**8. Name and Address of Current Registered Agent**

OSAMA, KAYALI, CPA
7628 N 56TH STREET STE 2
TAMPA FL 33617

**9. Name and Address of New Registered Agent**

Name

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

Suite, Apt. #, Etc.

City — State **FL** — Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____  Date _____
REGISTERED AGENT MUST SIGN

11. 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: _Iman Elkadi_ Iman Elkadi  12/10/02  703-593-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# HEALTH CARE INVESTORS, Inc.

6166 Leesburg Pike, # D-414
Falls Church, VA 22044
Phone: (703) 241-1280
Fax:    (703) 237-7994

**1 (866) 241-1280**

December 11, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: # J09895 Application for Reinstatement

Dear Sir or Madam:

I am now responsible for all the bookkeeping and paper work for Health Care Investors, Inc. My husband, Dr. Ahmed Elkadi was the President and Direcotr of the company. Since 1997, his health has been deteriorating because of a form of Parkinson's disease that also causes episodes of dementia. In June 2000, he suffered head trauma in a car accident which aggravated his condition. In March 2002, he was hospitalized for a stroke. Since I am his primary caregiver, the toll on my mental and physical health has been considerable. As a result, I have been unable to follow through on time despite my best intentions. Enclosed please find medical reports from his doctors and copy of the Power of Attorney.

The work of the company continues under the direction of Dr. A.M. Mostafa. However, I am the one who is responsible for paper work. In view of the circumstances, I request you to kindly abate the reisnstatment as it would be an additional hardship at this time. Enclosed is check # 1888 in the amount of $300.00 for the reinstatement fee. Thank you for your consideration.

Sincerely yours,

Iman A. Elkadi (Mrs.)

Enc.