PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REII GGTEGIN DIVI		Katheri Secretai Division of C	DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		OI NOV 26 PM 3:31	
DOCUMENT # L37136 (3) 1. Corporation Name PROFESSIONAL HEALTHCARE ENTERPRISES, INC.						,
2 Price of Chica Address Date Buy 2100 E			NDALE BCH BĽVD			
Suite, Apt. #, etc. Suite, Apt. #, 101 101 101 101 101 101 101 101 101 10			4. Date incor		ocrated or Qualified 12/15/	1989
City & State HALLANDALE BCH, FL HALLAND			ALE BCH, FL 5. FEI NUMBER 65-01			Applied For
Ζφ 33009	Country Zip 19 USA 33009		Country	6.		Not Applicable delitional Fee requires Certificate of Status
33009	USA	1	Address of Current Register	ad Agent	107 &	Carisicate of duties
•	Name SHARON GOLDSTEIN					
•	SUITE #101			States Zip Code		
HALLANDALE BEACH					FL 33009	
8. I, being appointed the registered agent of the above named corporation, aim familiar with and accept the obligations of so Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 10/18/01	
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	
VSD	LOYD M. STARRETT		23 GRANITE ST.		ROCKPORT, MA	
D	ANTHONY PARKINSON		1115 S.E.6TH STREET		FT. LAUDERDALE, FL	
DT	SHARON GOLDSTEIN		2903 NW 23 CT		BOCA RATON, FL	
				JA12/5		
10. I certify that I em 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 tilling 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: SHARON GOLDSTEIN. 10/18/01 954-457-8787 Date Destine Phone #						

Stoll & Associates Attorneys At Law

3696 North Federal Highway, Suite 300 Fort Lauderdale, Florida 33308 phone: 954-745-3550 telecopier: 954-745-3551 e-mail: sporchard@stollandassociates.com

November 21, 2001

VIA US MAIL

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Professional Healthcare Enterprises, Inc. - Corporation Reinstatement

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement for Professional Healthcare Enterprises, Inc. (the "Reinstatement") and Check # 9343 in the amount of \$450.00 to cover any and all costs associated with the Reinstatement.

Please be advised that Professional Healthcare Enterprises, Inc. ("PHC") did not receive the Uniform Business Reports sent from the Secretary of State. Unfortunately, PHC was the victim of a maliciously filed involuntary Chapter 7 Bankruptcy Petition (the "Involuntary Bankruptcy Proceeding") which severely disrupted PHC's day to day business operations and mail delivery. Upon information and belief, PHC did not receive the Uniform Business Reports due to the mail disruption caused by the Involuntary Bankruptcy Proceeding.

The United States District Court for the Southern District of Florida eventually dismissed the Involuntary Bankruptcy Proceeding, concluded that it was filed in bad faith and awarded sanctions against the filing party. At this time, PHC is a viable company and has returned to its normal day to day business operations. Accordingly, PHC respectfully requests that the Secretary of State reinstate PHC as a corporation in good standing, as more fully expressed in the Reinstatement.

If you have any questions or concerns, please do not hesitate to contact this office.

Since pely

Stephen P. Orchard Legal Assistant

Enclosures