


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

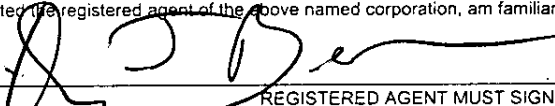
CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # FL47255			
1. Corporation Name LEADER HEALTH CARE CENTER, INC.			
2. Principal Office Address 5545 SW 8th ST.		3. Mailing Office Address 5035 Palm Ave.	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc.	
City & State Miami, FL.		City & State Hialeah, FL.	
Zip 33134	Country USA	Zip 33012	Country USA

FILED
01 JUL 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0173137	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

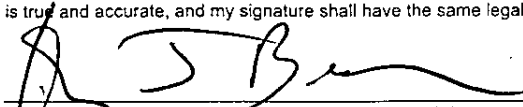
7. Name and Address of Current Registered Agent		
Name Eduardo J. Belaval		
Street Address (P.O. Box Number is Not Acceptable) 3701 W. 1st Ave.		
Suite, Apt. #, Etc.		
City Hialeah	State FL	Zip Code 33012

200004481132-9
-07/17/01--01081--005
****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 7/9/01
REGISTERED AGENT MUST SIGN	

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
PSD	Belaval, Eduardo J.	3701 W. 1st Ave.	Hialeah, FL. 33012

06-01081-178

10. 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: 	Date 7/9/01		Daytime Phone # (305) 260-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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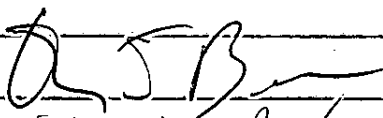
LEADER Health care center, INC.
5545 S.W. 8th St. Ste. 204
MIAMI, FL 33134

7/9/01

TO: FLORIDA DEPT. OF STATE

I ACQUIRE this corporation ON 3/1/2000
AND I SENT AN ARTICLE OF AMENDMENT TO
CHANGE MY NAME AND ADDRESS ON THE
CORPORATION. I NEVER RECEIVED THE ANNUAL
REPORT TO RENEW THE CORPORATION. I AM
TRYING TO MAKE THIS BUSINESS TO WORK
SO I WENT TO APPLY TO OFFER OUR SERVICE
TO A HOSPITAL AND THEY TOLD ME THAT MY BUSINESS
WAS ADMINISTRATIVELY DISSOLVED. I DID NOT KNOW
WHAT TO DO BUT I CALLED THE DEPARTMENT AND
THE LADY WAS VERY NICE AND SENT ME THIS
REINSTATEMENT FORM. ALSO SHE TOLD ME TO
SEND A CHECK FOR \$300.00 AND THIS LETTER
EXPLAINING MY SITUATION.

Thank you very much for understanding.


EDUARDO J. BELAVAL