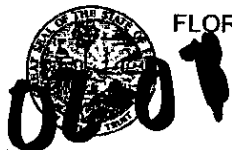


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 21 AM 11:31

DOCUMENT # N00000004350

1. Corporation Name

SUMMIT COMMUNITY HEALTH EDUCATION CENTER, INC.

2. Principal Office Address

615 NE 160th TERRACE
MIAMI - DADE

3. Mailing Office Address

615 NE 160th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI - FL
DADE

Zip

33162

Country

MIAMI-DADE

Zip

33162

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/2000

5. FEI Number

65-1032190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FELIX R. AUGUSTEN

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

615 NE 160th TERRACE

Suite, Apt. #, Etc.

MIAMI

City

State
FL

Zip Code

33162

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
D/Bd	ERNEST BELONY	1185 NW 87 th Street	MIAMI, FL 33162
D/Bd	MARLENE BASTIEN	710 NE 159 th St	MIAMI, FL 33150
D/Bd	WILLY OCEAN	615 NE 160 th Terrace	MIAMI, FL 33162
D/Bd	MARIE FLORE LINDOR	16850 South GLADE Dr #4H	N. MIAMI Beach, FL 33168
Exec/D	LESLEY CHARLES	4720 SW 153 rd Terrace	MIRAMAR, FL 33027
VSD COO	FELIX R. AUGUSTEN	615 NE 160 th Terrace	MIAMI, FL 33162

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/02

305-610-9694

305-947-8845

Daytime Phone #

CR2E081 (9/01)

21/1/22

SUMMIT COMMUNITY HEALTH
EDUCATION CENTER INC.

615 NORTH EAST 160th TERRACE
MIAMI, FLORIDA 33132
TEL: (305) 947-8845
(305) 610-9694
Lcha106856@aol.com

January 15, 2003

Department of State
Division of Corporation
Reinstatement
P.O.Box 6327
Tallahassee, FL 32314

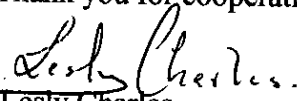
#N 00000004350

Justin M Shivers
Document Specialist

Dear Mr Shivers

We have expressed our concern for not receiving the UBR and wanted to resolve the matter before December 31, 2002. We concluded by e-mail 12/27/02 to pay the required fee \$122.50 and the penalty will be waved providing that we notify the Reinstatement Department. We have exchanged numerous correspondances regarding the matter. Our contact persons for this particular issue are Leslie and Jennifer.

Thank you for cooperation


Lesly Charles

Executive/Director/Summit Community Health Education Center Inc.