


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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05 DEC 15 AM 8:52

SEC. OF STATE
TALLAHASSEE, FLORIDA

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12/28/05--01009--001 **17.50

DOCUMENT # 001000007540

1. Corporation Name
Spirit Health and Empowerment,
Inc.

2. Principal Office Address 2331 North State Road 7 Suite, Apt. #, etc. Suite 124 City & State Lauderhill Fl. 33313 Zip 33313 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
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CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 10-23-2001	
5. FEI Number 65-1146959	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Wylene Simmons-Ellington (recently married)	
Street Address (P.O. Box Number is Not Acceptable) 2331 North State Road 7	
Suite, Apt. #, Etc. Suite 124	
City Lauderhill	State FL Zip Code 33313

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 Wylene Simmons-Ellington Date 11.26.05
 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
Pres.	Wylene Simmons-Ellington	4267 NW 34th Lauderdale Lakes Fl. 33309	
D	Barbara Hunter	27130 SW 121st 1	Homestead Fl-33032
S	Kisha Hunter	11263 SW 190 Street Miami Fl. 33157	

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: Wylene Simmons-Ellington Date 11.26.05 Daytime Phone # 451-448-0585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

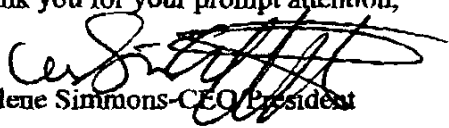
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Attention Ula
re: Renstatement waiver of fees

To whom it concerns,

I am requesting a waiver on my corporate reinstatement because I did not receive the 2002 or 2003 annual reporting documents or notification. I was never informed of my corporate dissolution and I am therefore requesting a waiver of the \$175.00 fee. My corporation must maintain its status in order to do business with the state and Medicaid office. Please process as soon as possible.

Thank you for your prompt attention,


Wylene Simmons-CEO/President