

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009565

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: HEALTH FOR EVERYONE, INC

## Current Principal Place of Business:

701 SW 27TH AVENUE  
GR-21  
MIAMI, FL 33135

## New Principal Place of Business:

940 SW 82 AVENUE  
MIAMI, FL 33144

## Current Mailing Address:

701 SW 27TH AVENUE  
GR-21  
MIAMI, FL 33135

## New Mailing Address:

940 SW 82 AVENUE  
MIAMI, FL 33144

FEI Number: 42-1611101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

REYES-FOURNIER, PAUL  
9300 S DADELAND BLVD SUITE 604  
MIAMI, FL 33156      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL REYES- FOURNIER

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: SILVERMAN, MARK  
Address: 701 SW 27TH AVENUE, SUITE 701  
City-St-Zip: MIAMI, FL 33135

Title: T      ( ) Delete  
Name: REYES-FOURNIER, PAUL  
Address: 14867 SW 175 STREET  
City-St-Zip: MIAMI, FL 33187

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: SILVERMAN, MARK  
Address: 940 SW 82 AVENUE  
City-St-Zip: MIAMI, FL 33144

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SILVERMAN

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date