

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR -8 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07
gp

CR2E081 (1/07)


4. Date Incorporated or Qualified To Do Business in Florida 4/11/2005

5. FEI Number 20-8542963 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000003868

1. Corporation Name
HYACINTH & YVONNE HAYMER HEALTH EDUCATION CENTER, INC.

2. Principal Office Address - No P.O. Box # 5394 SW 186th way

3. Mailing Office Address same

Suite, Apt. #, etc.

City & State MIRAMAR, FL

City & State

Zip 33029 Country US

7. Name and Address of Current Registered Agent

Name JOY AGNESS

Street Address (P.O. Box Number is Not Acceptable) 5394 SW 186th way

Suite, Apt. #, Etc.

City MIRAMAR State FL Zip Code 33029

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 Joy Agness Date 3-1-07

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
FOUNDER (D)	JOY AGNESS	5394 SW 186th way	MIRAMAR, FL 33029
PRESIDENT (D)	JOHNNY GASPARO, ESQ.	15025 NW 77th AVE, SDB. 116	MIAMI LAKES, FL 33014
SECT. (D)	LUCENCE ROBINSON	7455 NW 44th St. #1003	LAND O LAKE, FL 33319

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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 contained in Chapter 119, 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: Joy Agness Date 3-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #