

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42786

1. Corporation Name

POSITIVE ALTERNATIVE THERAPIES
IN HEALTHCARE, INC.

2. Principal Office Address - No P.O. Box #

c/o J.W. COOPER
14411 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

#210

City & State

MIAMI, FL.

Zip

33176

Country

USA

3. Mailing Office Address

c/o J.W. COOPER
14411 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

#210

City & State

MIAMI, FL

Zip

33176

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/1991

5. FEI Number

65-0242102

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

TODD L. RAUHLERGER

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

14411 S. DIXIE HIGHWAY, #

Suite, Apt. #, Etc.

#210

City

MIAMI

State

FL

Zip Code

33176

☒ 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.

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 9-19-07

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	GREEN, STEVEN DDS	1692 BAYSHORE DR. #302	MIAMI, FL. 33434
TRES	RAUHLERGER, TODD	14411 S. DIXIE HIGHWAY #210	MIAMI, FL. 33176
VP	WEIR, RICHARD	1901 SW 82 nd CT	MIAMI, FL. 33155

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-07

Date

305-259-0002

Daytime Phone #