

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 12 AM 8:00

DOCUMENT # N94000002802 (6)

1. Corporation Name
Global Health Information and Medical
Research Institute, Inc.

400022241584
08/12/03--01035--010 **481.25

2. Principal Office Address

35203 State Road 54

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33541

Country

3. Mailing Office Address

35203 State Road 54

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33541

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/94

5. FEI Number
59-3249365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03 MRD

7. Name and Address of Current Registered Agent

Name

Josephine Kimball

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

35205 State Road 54

Suite, Apt. #, Etc.

City

Zephyrhills

State
FL

Zip Code
33541

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

REGISTERED AGENT MUST SIGN

Date

Jun 10, 2003

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
P	James T. Kimball	C/O 35203 SR 54	Zephyrhills, FL 33541
D	Dr. Ward Dean	P.O. Box 11097	Pensacola, FL 32524
V	SSI Enterprises, Inc.	C/O 400 South 4th St- 3rd	Las Vegas, NV 89109

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 2003 (813) 994-6157

Date

Daytime Phone #