

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra L. North
 Secretary of State
 DIVISION OF CORPORATIONS

97 AR

FILED

98 JAN - 2 - PM 3:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000153**

1. Corporation Name
HEALTH CARE WORKERS ASSOCIATION, INC.

Principal Place of Business 1940 HARRISON STREET SUITE 200 HOLLYWOOD FL 33020	Mailing Address 1940 HARRISON STREET SUITE 200 HOLLYWOOD FL 33020
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/04/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0649305	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	SHARMA ELDRIDGE	1940 HARRISON ST. SUITE 200	HOLLYWOOD, FL 33020
V/P	MARY MCDANIEL	1940 HARRISON ST., SUITE 200	HOLLYWOOD, FL 33020
DIR	SELWYN MEDIN	1940 HARRISON ST, SUITE 200	HOLLYWOOD, FL 33020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELDRIDGE, SHARMA S
 1940 HARRISON STREET
 SUITE 200
 HOLLYWOOD FL 33020

Name
 Street Address (P.O. Box Number Is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

1/6/98

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Sharma S. Eldridge
 REGISTERED AGENT MUST SIGN

Date **12/24/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No **NONE OWES THERE ARE NO ASSETS**

12. 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)(f), 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: Sharma S. Eldridge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/97 1-800-600-7404
 Date Daytime Phone #

CR2E040 (8/97)