

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 04-08

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CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001342

1. Corporation Name
FLORIDIANS FOR HEALTH CARE, INC.

2. Principal Office Address - No P.O. Box # 2801 PGA Blvd		3. Mailing Office Address 2801 PGA Blvd	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110	
City & State Palm Beach Gardens		City & State Palm Beach Gardens	
Zip 33410	Country USA	Zip 33410	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **03/06/1996**

5. FEI Number **65-0662866**

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

Applied For Not Applicable

7. Name and Address of Current Registered Agent

Name
Frederick W. Ford

Street Address (P.O. Box Number is Not Acceptable)
2801 PGA Blvd

Suite, Apt. #, Etc.
Suite 110

City **Palm Beach Gardens** State **FL** Zip Code **33410**

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  Date **April 1, 2008**

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
P	Frederick W. Ford	2801 PGA Blvd, Suite 110	Palm Beach Gardens, FL 33410
T	Robert Crowe	1409 14th Terrace	Palm Beach Gardens, FL 33418
S	Alison Landes	8479 Belaire Drive	Boca Raton, FL 33433
D	Dr. David Prenskey	44 Coconut Row	Palm Beach, FL 33480
D	Robert Stevens	201 Clubhouse Circle	Jupiter, FL 33477
D	Larry Stauber	175 Cape Point Circle	Jupiter, FL 33477

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  **Frederick W. Ford** Date **April 1, 2008** 561-683-1103

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

Page 2 of 2

9. Names and Street Addresses of Each Officer and/or Director (Cont.)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Norman Horowitz	5257 Fountains Drive S., #702	Lake Worth, FL 33467
D	Rev. Allen Hollis	7424 Clarke Road	West Palm Beach, FL 33406