

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC 22 PM 1:27

CLERK OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000000828

1. Corporation Name

Health Solutions 2001, Inc.

2. Principal Office Address

6175 NW 153rd Street

Suite, Apt. #, etc.

Suite 208

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

3. Mailing Office Address

6175 NW 153rd Street

Suite, Apt. #, etc.

Suite 208

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/04/2000

5. FEI Number

59-3646227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE "S" Attachment for required
or a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harry Fowler

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

1703 Watrous Drive

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

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]

Date 12/12/2006

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	LUIZA ROUIRE	6175 NW 153rd Street, Suite 208	Miami Lakes, FL 33014
			400092830344
			12/29/06--01043--023 **300

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 reasons 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/2006

Date

786-488-6463

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS 2005 & 2006, FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY YOURS,



LUISA ROVIRA
PRESIDENT