PLEASE READ	ALL INST	RUCTIONS	BEFORE (COMPLET		RM.		
APPLICATION FOR REINSTATEMENT	FLORIDA	DEPARTME Katherine Ra Secretary of S	NT OF STATE Tryls State					
DOCUMENT # P0000010705				01 DEC 24 PM 1:43				
1. Corporation Name								
ALTERNATIVE HEALTHCARE CENTER, INC.				TĂ	SECRETARY OF STATE TAUEAHASSEE, FLORIDA			
Principal Place of Business Mailing Address				- * 10051005 11				
2607 SW 37 AVE STE 607 . MIAMI FL 33133	AVE STE 607 133							
				REINS	TATEME	MT	HUI	
		ig Office Address, If		4. Date Incorporated or Qualified To Do Business in Florida 01/26/2000				
		Suite, Apt. #, etc.			5. FEI Number			
Zip Country		Count	N	6 \$8.75-Additional Fee rec			Not Applicable	
						for a Certi	ficate of Status	
			reet Address of Each ficer and/or Director					
D GREENBLATT, SANDRA P DELETE 3109 STIRLING			ROAD STE 101	FT LAUDERDALE FL 33312				
PO ZASLOW DENNIS,		2601 50	N 37774	AUG TE 607	MUAN,	FC 3	3/37	
			4000047646043 -01/10/0201030005 *****750.00 *****750.00				-005	
						L	\$	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent					
ZASLOW, DENNIS 2601_SW_37_AVE_STE_607			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33133			Suite, Apt. #, Etc.					
			City State Zip Code				de	
10. I, being appointed the registered agent of the abov	re named corpora	ation, am familiar wi	ith and accept the ob	ligations of Section				
Signature of Registered Agent								
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissol owed by the corporation have been paid and the na on this application is a paid and accurate, and my sign	ution has been earling ames of individuation	kininated, the corpo	prate name satisfies t m do not qualify for a	the requirements an exemption und	of section 607.0401 or 6	17.0401. F.S.,	that all fees	
SIGNATURE:	RE. SIE		FD, D		Date	Daytine Phor		