

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -6 PM 12:53

DOCUMENT # P00000045724

1. Corporation Name Integrated Health Providers
Network, Inc.

2. Principal Office Address
2124 N.E. 123rd St.

3. Mailing Office Address
2124 N.E. 123rd St.

Suite, Apt. #, etc.
#206

Suite, Apt. #, etc.
#206

City & State
North Miami, FL

City & State
North Miami, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

300005134453--6
-03/19/02--01049--027
****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number
65-1008673

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Thomas E. Gluck

Street Address (P.O. Box Number is Not Acceptable)
12000 Biscayne Blvd. suite #800

Suite, Apt. #, Etc.

City
North Miami

State
FL

Zip Code
33181

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 X
REGISTERED AGENT MUST SIGN

Date 2/12/02

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
Director President	Paul E. Cooley, M.D.	9411 S.W. 192 nd Dr.	Miami, FL 33157
Vice Pres + Treas.	Susan B. Blumin, M.D.	1865 NE 117 Road	N. Miami, FL 33181

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
Paul E. Cooley, M.D.

Date 2/10/02 (305)
Daytime Phone # 893-9933



February 19, 2002

Carol Mustain, Corporate Specialist
Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Mustain:

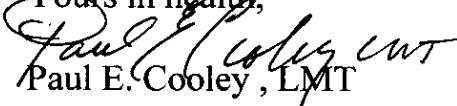
We are in receipt of your letter number 602A00008067, returned paperwork, and check numbered 1160 in the amount of \$150.00 that we sent to you in order to reinstate our corporation. We did not have our check numbered 1161 in the amount of \$43.75, as mentioned in your letter, returned to us.

We have received no notices or bills since the original inception of our corporation and were told by Mr. Thampton, of your department, on January 22, 2002, to relay this information to you in a letter explaining our circumstances and enclose checks totaling \$193.75 for report fee, filing fee and copy fee. . We mailed this letter, the checks and paperwork on February 4, 2002. I am sending you another copy of that letter, dated February 4, 2002, which I hope you will find helpful in solving our problem.

We are a new company and are just learning what is expected of us where filings are concerned, and ask, due to our non-receipt of prior notice, that all late fees be dropped at this time and that a \$300.00 payment be accepted in order to reinstate the corporation. We would also like to point out that our corporation has, and will continue to pay all taxes and fees due each quarter on time.

We would like to thank you in advance for your help and leniency in this matter and apologize for any problems this may have caused.

Yours in health,


Paul E. Cooley, LMT
Director

Integrated Health Providers Network, Inc.

2124 N.E. 123rd Street • Suite 206 • North Miami, FL 33181

(305) 893-9933 • IHPNINC@aol.com