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
01 DEC 17 PM 12:41

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REINSTATEMENT

DOCUMENT # P00000081982

1. Corporation Name
KhalDon Complete Healthcare, Inc.
1001 N. Federal Highway, Suite 314
Hallandale, FL 33009

2. Principal Office Address	**3.** Mailing Office Address
1001 N. Federal HWY	1001 N. Federal HWY
Suite, Apt. #, etc.: Suite 314	Suite, Apt. #, etc.: Suite 314
City & State: Hallandale, Florida	City & State: Hallandale, Florida
Zip: 33009 Country: U.S.A.	Zip: 33009 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: August 25, 2000

5. FEI Number: 65-1136674 ☐ 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: Lucille Denise Dunkley
Street Address (P.O. Box Number is Not Acceptable): 1810 S.W. 155 Avenue
Suite, Apt. #, Etc.:
City: Miramar State: FL Zip Code: 33027

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: 12/14/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	Lucille Dunkley	1810 S.W. 155 Avenue	Miramar, FL 33027
D/M	Carron Bramwell	19710 N.W. 9th Drive	Pembroke Pines, FL 33029
S/T	Dudney Walker	1810 S.W. 155 Avenue	Miramar, FL 33027

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: _____ LUCILLE DUNKLEY 12/14/01 954-665-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 665-5356