

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 10 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 000000 84334**

1. Corporation Name

HEALTHCARE MANPOWER RESOURCE, Inc.

2. Principal Office Address

10001 NW 50th ST.

Suite, Apt. #, etc.

103 A

City & State

SUNRISE FL

Zip

33351

Country

USA

3. Mailing Office Address

10001 NW 50th ST.

Suite, Apt. #, etc.

103A

City & State

SUNRISE FL

Zip

33351

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2000

5. FEI Number

65-1035388

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

EPIFANIA L. RAMOS

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

10001 NW 50th ST.

Suite, Apt. #, Etc.

103 A

City

SUNRISE FL 33351-8004

State

FL

Zip Code

33351-8004

700025403607

12/10/03--01076--005 **154.75

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]

REGISTERED AGENT MUST SIGN

Date **12/09/03**

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
CEO	DEMILIO ABUNDO	10001 NW 50th ST.	Sunrise, FL 33351
V.P.	DISAGANI D. CAPINA	10001 NW 50th ST.	Sunrise, FL 33351
PRES	EPIFANIA L. RAMOS	10001 NW 50th ST.	Sunrise, FL 33351

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]
EPIFANIA L. RAMOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/09/03

Date

Daytime Phone #

954-494-

2905

CR2E081 (10/02)

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: HEALTHCARE MANPOWER RESOURCE, INC.

To whom it may concern:

Attached is the Corporation Reinstatement for the above corporation. We forgot to file the the 2002 Uniform Business Report since we moved to a different address and we did not receive the renewal form.

If you have any questions, please feel free to call me at (954)494-2905.

Sincerely,



Efrania Ramos
President/Director
Healthcare Manpower Resource, Inc.
10001 NW 50th Street, Suite 103A
Sunrise, FL 33351-8004