PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 10 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084933

1. Corporation Name
Health Transporters, Inc.

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
1979 Brandywine Rd	
Suite, Apt. #, etc.: Apt #101	Suite, Apt. #, etc.: P.O. Box 7082
City & State: WPB FL	City & State: West Palm Beach FL
Zip: 33409 Country: USA	Zip: 33405 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 651052044 ☐ 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: William Trojanowski
Street Address (P.O. Box Number is Not Acceptable): 1979 Brandywine Road
900058445109
08/10/05 01034 010 **100.00
Suite, Apt. #, Etc.: Apt #101
City: West Palm Beach State: FL Zip Code: 33409

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: Willm Trojanowski
REGISTERED AGENT MUST SIGN
Date: Aug 8 2005

CR2E081 (01/05)

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
President	William Trojanowski	1979 Brandywine Rd Apt 101	WPB FL 33409

8/8/12

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.

William Trojanowski

SIGNATURE: Willm Trojanowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/05 (561)502-0778
Date Daytime Phone #