

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101541

1. Corporation Name

FINANCIAL HEALTH ADVISOR, CORP

Principal Place of Business

7744 PETERS ROAD
PMB #242
PLANTATION FL 33324

Mailing Address

7744 PETERS ROAD
PMB #242
PLANTATION FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2278229

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BERNSTEIN, RICHARD A	7744 PETERS RD PMN 242	PLANTATION FL 33324
VP	BERNSTEIN, ADREAN C	7744 PETERS RD PMB 242	PLANTATION FL 33324
			500008696075 10/30/02--01041--002 **158.75

8. Name and Address of Current Registered Agent

BERNSTEIN, RICHARD A
7744 PETERS ROAD
PMB #242
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Richard A. Bernstein
REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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:

Richard A. Bernstein
REGISTERED AGENT MUST SIGN

10/28/02

954-619
3353

To: Department of State
From: Richard A. Bernstein
Date: 10/28/02
Re: Application for Reinstatement

This letter is to inform you that my Corporation - Family Health Advisor, Corp - did not receive the two prior uniform business report notices.

Please reinstate my corporation.

Enclosed is check for \$ 158.75 to pay yearly fee of \$150.00 and \$8.75 for Certificate of Status notification

Thank you,

Sincerely

Richard A. Bernstein

RICHARD A. BERNSTEIN
PRESIDENT