


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <i>OFFER</i> REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000117544

1. Corporation Name

FRONTIERS OF HEALTH, INC.

Principal Place of Business

Mailing Address

9350 W BOYNTON BCH BLVD
BOYNTON BCH FL 33407

9350 W BOYNTON BCH BLVD
BOYNTON BCH FL 33407

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

12/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

50 WATER RIDGE COURT
City & State
DANA POINT CA

50 WATER RIDGE COURT
City & State
DANA POINT CA

5. FEI Number

65-1062221

Applied For

Not Applicable

Zip
92629

Country
USA

Zip
92629

Country
USA

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
D	PAGE, CHRISTINE	9350 W BOYNTON BCH BLVD	BOYNTON BCH FL 33407
D	PAGE CHRISTINE	50 WATER RIDGE CRT	DANA POINT CA 92629

700004721417-9
-12/12/01--01086--003
****150.00 ****150.00

11/29/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOPSON, JOHN E
7300 W CAMINO REAL #126
BOCA RATON FL 33433

Name

ELLIOT GREENE

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

3405 NW 9 AVENUE

Suite, Apt. #, Etc.

SUITE 1201

City

F. LAUDERDALE

State

FL

Zip Code

33309

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.

Signature of
Registered Agent

Elliot Greene

REGISTERED AGENT MUST SIGN

Date

11/29/01

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:

C R Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/01 (949) 248 8221

Daytime Phone #

DR CHRISTINE R PAGE

50, WATER RIDGE COURT
DANA POINT
CA 92629
USA
Phone/ fax: (949) 248 8221
e-mail: hawkcorp@aol.com

November 26, 2001

Dear Sir/Madam,

Here is my application for reinstatement in regard to my corporation Frontiers of Health, incorporated on 12/20/2000.

Unfortunately, I did not receive any of the notices that I was required to file reports to you and only knew of this when I received the notice that the corporation was dissolved. This notice only arrived last week.

I spoke with your department today and was advised to explain the circumstances of this late reporting and enclose a check for \$150.00.

Thank you for your kind consideration in this matter.

Yours faithfully

C R Page

Christine Page