

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE  Secretary of State DIVISION OF CORPORATIONS			
<b>DOCUMENT #</b> P01000019734 1. Corporation Name <b>Palm Beach Health Resources, Inc.</b>				<b>FILED</b>  <b>05 SEP 22 AM 10:40</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT 02-05</b>			
Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
				02/22/2001			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 849 Harbour Isles Place		26 849 Harbour Isles Place		65-1077191		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 North Palm Beach FL		28 North Palm Beach FL					
Zip		County		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 33410		25 Palm Beach		29 33410		30 Palm Beach	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name Corporate Creations Network Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E			
				83			
				84 City Palm Beach Gardens FL 85 Zip Code 33410			
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE <u>Angela E. Howard</u>				A.E. Howard 9/21/2005			
Signature typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	WILLIAM G BURRIG JR	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	849 Harbour Isles Place			1.2 NAME			
STREET ADDRESS	North Palm Beach, FL 33410			1.3 STREET ADDRESS	400060086314		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	09/29/05--01059--016 **608.75		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.							
SIGNATURE <u>A.E. Howard</u>				WILLIAM G BURRIG JR by A.E. Howard as attorney-in-fact 9/21/2005 (305) 672-0686			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Palm Beach Health Resources, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$1200 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005

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Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Angela E. Howard  
by A.E. Howard as attorney-in-fact

Name: WILLIAM G BURRIG JR

Title: President

Date: 9/21/2005