Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

PALM BEACH HEALTH RESOURCES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,050.00~~

$450.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -8 PM 2:36

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DOCUMENT # P01000019734

1. Corporation Name

PALM BEACH HEALTH RESOURCES, INC.

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
770 Allison Court	770 Allison Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Moorestown, NJ	City & State: Moorestown, NJ
Zip: 08057 Country: US	Zip: 08057 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 02/22/2001

5. FEI Number: ☐ 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: CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.: #221E

City: PALM BEACH GARDENS State: FL Zip Code: 33410

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: A Howard Angela Howard, Special Secretary Date: 6/8/09

REGISTERED AGENT MUST SIGN

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
D	BURRIS, WILLIAM G JR.	770 Allison Court	Moorestown, NJ 08057

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 contained in Chapter 119, 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: A Howard by A Howard as atty in fact 6/8/09 561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #