PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FOR FILFD Secretary of State **DIVISION OF CORPORATIONS** 02 DEC -6 AH 9: 05 00035268 1. Corporation Name SECRETARY OF STATE FALLAMASSME FLORIDA HEALTH & ESTATE ADVISORS, INC. Principal Place of Business Mailing Address 5364 EHRLICH RD, STE 50 5364 EHRLICH RD, STE 50 TAMPA FL 33624 TAMPA FL 33624 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 -- Date Incorporated or Qualified
To Do Business in Florida 04/03/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Fee required Zip Country 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) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director 5364 FHRAKH RO #50 MMPA PL. 23624 TAMPA PL -73624 5364 EHRLICH RO 450 11 5364 EHRLICHRO#50 ** I50.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GRAHAM, DAVID J Street Address (P.O. Box Number is Not Acceptable) 5364 EHRLICH RD. STE 50 TAMPA FL 33624 Suite, Apt. #, Etc. City State 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:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTEBED AGENT MUST SIGN

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

12/1/62 813-625-3733

HEALTH & ESTATE ADVISORS, INC.

1719 West Fletcher Ave. Tampa, Florida 33612 (800) 808-5009

December 1, 2002

Florida Department of State Division of Corporations

RE: Reinstatement

Dear Sir,

This is to advise that Health & Estate Advisors, Inc. did not receive two prior uniform business report notices. The corporation, David J. Graham & Associates, Inc. changed its name to Health & Estate Advisors, Inc. during the year, which caused the UBR notices not to be received. Enclosed find check for \$150. For a for-profit corporation. Thank you for your assistance.

Sincerely,

David J. Graham, RIFA

President