

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -3 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056589

1. Corporation Name

HEALING HEALTH CARE, INC

2. Principal Office Address

2695 MILITARY TRAIL

Suite, Apt. #, etc.

STE 19

City & State

WEST PALM BEACH, FL

Zip

33409

Country

PALM BEACH

3. Mailing Office Address

2695 MILITARY TRAIL

Suite, Apt. #, etc.

STE 19

City & State

WEST PALM BEACH, FL

Zip

33409

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/01

5. FEI Number

65-1132118

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

TANIA ESBAILE

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

2006 NORMANDY CIR

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL

State

FL

Zip Code

33409

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

TANIA ESBAILE

Date 9/30/03

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
DST	TANIA ESBAILE	2006 NORMANDY CIR	WEST PALM BEACH, FL 33409
SPU	MICHELLE LIBANOR	2006 NORMANDY CIR	WEST PALM BEACH, FL 33409

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 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:

TANIA ESBAILE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)

C.R. COOPER, CPA, PA
5350 10TH. Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

September 30, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Healing Health Care, Inc.
FEIN: 65-1132118
Tax Form: UBR
Tax Period: 2003
Document #: P01000056589

To Whom It May Concern:

We have enclosed check # 482 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Ms Esbaille did not receive the original UBR, and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc