

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 DEC 30 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069672

1. Corporation Name

ABSOLUT GLOBAL Healthcare Search Inc

2. Principal Office Address

4222 S. Ocean Blvd

Suite, Apt. #, etc.

3

City & State

Highland Beach, FL

Zip

33487

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

July 16, 2001

5. FEI Number

65-1122231

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

Shawn Feinstein

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

4222 S. Ocean Blvd #3

Suite, Apt. #, Etc.

3

City

Highland Beach

State  
FL

Zip Code

33487

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

Shawn Feinstein

REGISTERED AGENT MUST SIGN

Date

12/29/04

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
Pres	Shawn Feinstein	4222 S. Ocean Blvd #3	Highland Beach, FL
Sec	"	"	" 33487
Treas	"	"	"

700044675547

01/13/05--01013--009 \*\*150.00

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:

Shawn Feinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/04

Daytime Phone #

561-330-6490

December 29, 2004

Florida Department Of State  
Secretary of State  
Division Of Corporations

Attention: Katrina, Reinstatement Services

Dear Katrina,

Thank you for your time on the telephone today, you were most pleasant and helpful.

**This letter is to advise that I never received The Annual notice for Filing fees. You mentioned there are 3 letters and then a notice that states the company has been made inactive. I never received any of those. If I had I would have paid the fees on time.**

I do have a new address

Effective immediately for future communications the Company address should be:

4222 S. Ocean Blvd., #3  
Highland Beach, Fl 33487  
Company Tel #: 561-330-6490

You will find enclosed the Corporation Reinstatement Form filled out and signed along with a check for \$150.00.

Thank you so much for your prompt attention to this matter.

Should you have any questions, please do not hesitate to contact me at  
561-330-6490

Kind regards,  
Shawn Feinstein

