

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092397

1. Corporation Name

ALTERNATIVE HEALTHCARE WORX CORPORATION

Principal Place of Business

425 BAHAMA DR
INDIALANTIC FL 32909

Mailing Address

425 BAHAMA DR
INDIALANTIC FL 32903



400009319294
12/03/02--01051--009 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1251 S. Hickory St
Suite 3

3. New Mailing Office Address, If Applicable

Suite 3

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2001

5. FEI Number

159-3745716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SALVO, STEPHEN W	425 BAHAMA DR	INDIALANTIC FL 32903

8. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S HARBOR CITY BL STE 505
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name: X STEPHEN SALVO
Street Address (P.O. Box Number is Not Acceptable):
1251 S. Hickory Street
Suite 3
City: Melbourne State: FL Zip Code: 32901

CR2E040 (802)

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 of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/22/02

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

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/02 321 953 3594
321-690-9653

Thomas J. Reilly, Inc.

Financial Consultant • Accountant • Taxes

Ph (407) 777-7617 Fax (407) 777-7618

November 27, 2002

Div. of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

REF: Alternative Healthcare WoRx Corporation
1251 S. Hickory Street
Suite 3
Melbourne, FL 32901
FEI # 59-3745716

Application for Reinstatement / 2002


To Whom It May Concern:

As per our telephone conversation on November 22, 2002 with someone in your office, this letter will confirm that our client wishes to be reinstated. The original application was never received by our client for tax year 2002.

During the year the corporation has changed its address, please note the changes on the application.

Enclosed you will find their check for \$150.00 for the filing fee for the 2002 Uniform Business Report.

Sincerely Yours.



Thomas J. Reilly, Accountant/IRS Retired