

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 AM 9:29

DOCUMENT # P01000098875

1. Corporation Name **HEALTH SERVICES INTERNATIONAL,
CORP.**

600030560606
03/16/04--01049--017 **300.00

2. Principal Office Address
1648 Taylor Rd.

3. Mailing Office Address
1648 Taylor Rd

Suite, Apt. #, etc.
118

Suite, Apt. #, etc.
118

City & State
Port Orange

City & State
Port Orange

Zip
32128

Country
Volusia

Zip
32128

Country
Volusia

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida P01000098875

5. FEI Number
59-3748951

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
PALMETTO CHARTER SERVICES, INC.

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

Suite, Apt. #, Etc.

City
DAYTONA

State
FL

Zip Code
32127

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 *Palmetto Charter Services*

Date 03/03/04

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	M. Graves	1648 Taylor Rd., 118	Port Orange, FL 32128

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: *M. Graves* M. GRAVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 386-235-4800

Date

Daytime Phone #

CR2E081 (01/04)

3/10/04