

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000030395

1. Corporation Name

International Healthcare Solutions, Inc.

W06000041070

2. Principal Office Address

410 West 53 Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip
33012

Country
US

3. Mailing Office Address

410 West 53 Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip
33012

Country
US

FILED

06 SEP 29 2004 4:40

SECRET
TALLAHASSEE, FL

REINSTATEMENT

CR2E081 (12/05)

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0598830

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

Dennis Bernstein

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

410 West 53 Street

Suite, Apt. #, Etc.

City

Hialeah, FL

State

FL

Zip Code

33012

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

Dennis Bernstein

REGISTERED AGENT MUST SIGN

Date

8-24-06

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
PD	Dennis Bernstein	410 West 53 Street	Hialeah, FL 33012
VD	Eillen Bernstein	410 West 53 Street	Hialeah, FL 33012

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 contained in Chapter 119, 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:

DENNIS BERNSTEIN
Dennis Bernstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-24-06

Daytime Phone #

305 822-7815

292

**International Healthcare Solutions, Inc.
410 West 53rd Street
Hialeah, FL 33012**

August 24, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

DOC. NO.: P02000030395
FORM: APPLICATION FOR REINSTATEMENT
PERIOD: 2004 TO 2006

Gentlemen / Mesdames:

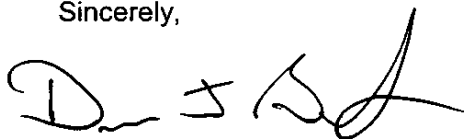
I am writing to you regarding the penalties imposed as a result of the late filing of the 2004 Uniform Business Report. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the middle of 2003 I moved business locations. As a result of the address change, I had all of my mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was never forwarded to the new address. It was not until this past week when I was contacted by my bank that I realized that the annual report was never filed. Therefore, please up-date your records accordingly to reflect the correct address as **"410 West 53 Street, Hialeah, Florida 33012"**.

In light of the above facts, I respectfully request the abatement of all penalties. In addition, enclosed please find a check for \$450, which represents the annual fee for 2004, 2005 and 2006.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Dennis Bernstein, President

Enclosures