

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000042782

1. Corporation Name

HEALTH MEDICAL INC.

Principal Place of Business

3600 SOUTH STATE ROAD 7
SUITE 208
MIRAMAR FL 33023

Mailing Address

3600 SOUTH STATE ROAD 7
SUITE 208
MIRAMAR FL 33023

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

2. New Principal Office Address, If Applicable

3600 South St Rd.

Suite, Apt. #, etc.

343

City & State
MIRAMAR, FL.

Zip
33023

Country
USA

3. New Mailing Office Address, If Applicable

3600 South St. Rd.

Suite, Apt. #, etc.

343

City & State
MIRAMAR, FL.

Zip
33023

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2002

5. FEI Number

01-0670573

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HERNANDEZ, ALAIN	3600 SOUTH STATE ROAD 7 # 2611 1111 Brickell Bay Dr.	MIRAMAR FL 33023 Miami, FL 33019

000024394610
11/04/03--01013--007 **158.75

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

Alain Hernandez

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

1111 Brickell Bay Dr.

Suite, Apt. #, Etc.

2611

City

Miami

State

FL

Zip Code

33019

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

REGISTERED AGENT MUST SIGN

Date

10/21/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03
Date

(786) 255-4956
Daytime Phone #

FILED

03 OCT 23 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

October 21, 2003

to : Florida Dept. of Revenue
Division of corporation

Ref: Health Medical Inc.

Doc # P0200042782

Sir or Madam:

I am attaching the UBR form
and the check for the amount
of \$158.75.

I swear of God, that I never
recieved the form, I apologize for
any inconvenience.

Thanks,

Alain Hernandez

President

Health Medical Inc.