
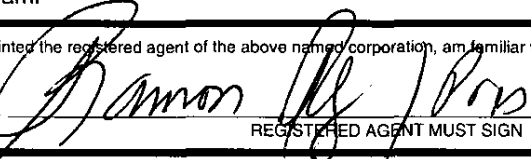



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P02000076683			
<b>1. Corporation Name</b> Matrix Health Systems, Inc  13935 NW 1st Ave Miami, FL 33168			
<b>2. Principal Office Address</b> 13935 NW 1st Ave  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> Miami, FL 33168  Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL 33168		<b>City &amp; State</b> Miami, FL 33168	
<b>Zip</b> 33168	<b>Country</b>	<b>Zip</b> 33168	<b>Country</b>
		<b>4. Date Incorporated or Qualified</b> - To Do Business in Florida 07/15/02	
		<b>5. FEI Number</b> 02-0632829	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Ray Perez & Associates, PA			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 13935 NW 1st Ave			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> Miami		<b>State</b> FL	<b>Zip Code</b> 33168
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 09/14/04	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	Alexander Cabrera	910 West Ave # 1210	Miami Beach, FL 33141
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>Date</b> 09/14/04	<b>Daytime Phone #</b> 3056889694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/04)

PS 292

September 27, 2004

State of Florida Div of Corporation  
PO Box 6327  
Tallahassee, FL. 32314

RE: Matrix Health Systems, Inc  
Doc: P02000076683

To whom it may concern:

This letter is to inform you that we have never received a renewal form from your office, I am enclosing a check for \$300.00 for the renewal fees from the time that the corporation was open until now.

Please update your records to reflect the changes and reinstate my corporation.  
If you have any questions please do not hesitate to call me.

Sincerely,

  
Alexander Cabrera  
President