

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02 0000 94141

1. Corporation Name

Health Care Services OF South
FLORIDA INC.

2. Principal Office Address

2200 N Federal Hwy

Suite, Apt. #, etc.

202

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

October 7, 2002

5. FEI Number

51-0423183

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

Sandra Farquharson

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

8210 SW 4th Street

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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

Sandra Farquharson

REGISTERED AGENT MUST SIGN

Date 10/24/2003

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
President	Everton Blake	8210 SW 4th Street	N Lauderdale, FL 33068

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:

EB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2003 954-347-4898

Date

Daytime Phone #

CR2E081 (10/02)

g 10/30

Health Care Services of South Florida Inc.

2200 N Federal Hwy, Suite 202

Boca Raton, FL 33431

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

Date: October 24, 2003

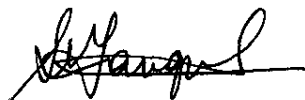
Ref: Reinstatement of Health Care Services

To whom it may Concern:

It was brought to our attention that Health Care Services of South Florida Inc. has being changed to an inactive status. Our company has moved since the company was incorporated and we did not receive any documents from your facility. We were not aware of the situation that we ha to send a fee of \$150.00. Please reconsider our application, as we are still an active corporation and reinstate us as an active corporation. We will make sure to update you with our current information and pay closer attention to this matter in the future.

Thank for your consideration and if you have any questions please do not hesitate to contact us at (954) 347-4898 or at the address above.

Yours Truly,



Sandra Farquharson/Registered Agent