

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 NOV -7 PM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122580

1. Corporation Name

HEALTH SOLUTIONS INC.

Principal Place of Business

Mailing Address

~~3001 WEST 10TH STREET
PANAMA CITY FL 32401~~

~~3001 WEST 10TH STREET
PANAMA CITY FL 32401~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

910 Cherry St.

910 Cherry St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City, FL

Panama City, FL

Zip

Country

Zip

Country

32401

US

32401

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

03-0493612

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
P/D	Stefan Grantcharov	100 Beach Blvd	Panama City Bch, FL 32408
V/D	Angelletha D. Roberts	1836 N. East Ave #7	Panama City, FL 32405

700024891887
11/20/03--01072--007 **\$150.00

700024891887
11/20/03--01072--008 **\$8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANTCHAROV, STEFAN H
2540 WEST 9TH STREET
PANAMA CITY FL 32401

Name

Stefan H. Grantcharov

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

100 Beach Blvd.

Suite, Apt. #, Etc.

City

Panama City, FL

State

FL

Zip Code

32408

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

[Signature]

Date 11-5-03

REGISTERED AGENT MUST SIGN

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]

Angelletha D. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-03 850-527-7694

Date

Daytime Phone #

CR2E040 (7/03)

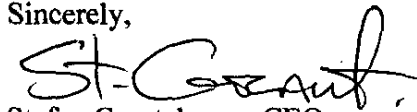
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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is a formal request for reinstatement of Health Solutions, Inc. to be returned to "active" corporation status. This company did not receive any UBR notices prior to the notice of dissolution or revocation. We are attaching a check in the amount of \$150.00 per statement instructions. We are also including the additional \$8.75 fee required for a certificate of status. Thank you for your time and attention.

Sincerely,



Stefan Grantcharov, CEO
Registered Agent
11/5/2003

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