

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 28 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000106553

1. Corporation Name

ED'S HEALTH CARE SERVICES, INC.

2. Principal Office Address

271 NW 51 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

271 NW 51 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/29/2003

5. FEI Number

56-2399119

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

GARCIGA, EDESEL

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

271 NW 51 AVENUE

Suite, Apt. #, Etc.

NONE

City

MIAMI

State

FL

Zip Code

33126

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

Date 10/21/04

REGISTERED AGENT MUST SIGN

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
RD	GARCIGA, EDESEL	271 NW 51 AVENUE	MIAMI, FLORIDA 33126

400042282724  
10/28/04--01035--020 \*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04

Date

(786) 236-2333

Daytime Phone #

CR2E081 (01/04)

Miami, Florida  
October 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: P03000106553  
ED'S HEALTH CARE SERVICES INC.  
271 NW 51 AVENUE  
MIAMI, FL 33126

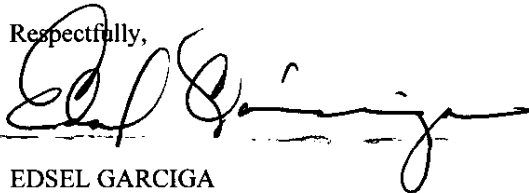
To Whom It May Concern:

Upon our conversation, I am enclosing the 2004 Corporation Annual Report form after due date (05/01/2004) due to the fact that I never received such notice to file. Enclose is a payment of \$150.00 dollars per your request.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



EDSEL GARCIGA  
PRESIDENT