

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -9 PM 4:54

DOCUMENT # P03000156828

1. Corporation Name

CENTER FOR HEALTHCARE SOLUTIONS INC.

2. Principal Office Address

10446 CANOE BROOK CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33498

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/23/2003

5. FEI Number

37-1488089

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

LARRY T. GROFF

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

10446 CANOE BROOK CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33498

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

Larry T. Groff

REGISTERED AGENT MUST SIGN

Date 12-8-05

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
P	LARRY T. GROFF	10446 CANOE BROOK CIRCLE	BOCA RATON, FL 33498
S	RONALD DOBRODZIEJ	10446 CANOE BROOK CIRCLE	BOCA RATON, FL 33498

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:

Larry T. Groff, LARRY T. GROFF, 12-8-05 561445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 8589