

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000012456</b>		
1. Entity Name <b>ALEPHZAYN HEALTH SERVICES, INC</b>		

Principal Place of Business <b>7360 W 20 AVE #139 HIALEAH, FL 33016</b>	Mailing Address <b>7360 W 20 AVE #139 HIALEAH, FL 33016</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>20-1618557</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

10062005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent  <b>MILIAN, ZEOLIDA 7360 W 20 AVE #139 HIALEAH, FL 33016</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILIAN, ZEOLIDA 7360 W 20 AVE #139 HIALEAH, FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600060457 P16</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10/10/05--01077--010 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SIGAS, CARMEN 7360 W 20 AVE #139 HIALEAH, FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/6/05 Daytime Phone #