



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000052940</b> 1. Entity Name <b>FAMILY HEALTH ADVANTAGE CORP</b>						<b>FILED</b> <b>07 AUG 23 AM 8:22</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>17236 NW 73 CT</b> <b>MIAMI, FL 33015 US</b>				Mailing Address <b>17236 NW 73 CT</b> <b>MIAMI, FL 33015 US</b>			
2. Principal Place of Business - No P.O. Box # <b>8510 N SHERMAN CIRCLE</b>		3. Mailing Address <b>8510 N SHERMAN CIRCLE</b>					
Suite, Apt. #, etc. <b>Suite 401</b>		Suite, Apt. #, etc. <b>Suite 401</b>		<b>REINSTATEMENT 07</b>			
City & State <b>MIRAMAR, FL</b>		City & State <b>MIRAMAR, FL</b>		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33025</b>		Country <b>USA</b>		Zip <b>33025</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, ANGEL</b> <b>8046 LAKEPOINTE CT</b> <b>PLANTATION, FL 33322</b>				7. Name and Address of New Registered Agent Name <b>BRIAN LEWIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8510 N SHERMAN CIRCLE STE 401</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33025</b>			
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 <i>Brian Lewis</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>8-20-07</b>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME <b>CEO</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>LEON, ELIESER</b> CITY-ST-ZIP <b>17236 NW 73 CT</b> <b>MIAMI, FL 33015</b>				TITLE NAME <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>CASSANDRA BUTLER</b> CITY-ST-ZIP <b>8510 N SHERMAN CIRCLE STE 401</b> <b>MIRAMAR, FL 33025</b>			
TITLE NAME <b>P</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>FERNANDEZ, ANGEL</b> CITY-ST-ZIP <b>8046 LAKEPOINTE CT</b> <b>PLANTATION, FL 33322</b>				TITLE NAME <b>300108475463</b> STREET ADDRESS <b>08/23/07--01004--004</b> CITY-ST-ZIP <b>##308.75</b>			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cassandra Butler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>8/20/07</b> Daytime Phone # <b>954-696-1167</b>			