

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 20 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000106767

1. Corporation Name

Advanced Healing Options, Inc.

W10 - 16550

2. Principal Office Address - No P.O. Box #

15086 S.W. 22nd Street

Suite, Apt. #, etc.

Suite 100

City & State

Miramar, Florida

Zip

33027

Country

USA

3. Mailing Office Address

15086 S.W. 22nd Street

Suite, Apt. #, etc.

Suite 100

City & State

Miramar, Florida

Zip

33027

Country

USA

200174298022  
04/20/10--01020--004 \*\*158.75

200174298022  
04/02/10--01032--016 \*\*600.00  
CR2E181 (1/109)

REINSTATEMENT 06-10

4. Date Incorporated or Qualified

To Do Business in Florida 08/01/2005

5. FEI Number

203233425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louis L. Pacheco

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

15086 S.W. 22nd Street

Suite, Apt. #, Etc.

Suite 100

City

Miramar, Florida

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Louis L. Pacheco*  
REGISTERED AGENT MUST SIGN

Date 03/30/2010

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
Director	Louis L. Pacheco	15086 S.W. 22nd Street Suite 100	Miramar, Florida 33027

10. E-mail Address: pachecolouis@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

*Louis L. Pacheco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis L. Pacheco

03/30/2010 954-367-5648

Date

Daytime Phone #

11/21