2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000163978

1. Entity Name
HEALING HEALTH CARE SERVICES INC

FILED
08 NOV -7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2695 N MILITARY TRAIL 19 WEST PALM BEACH, FL 33409 US	2695 N MILITARY TRAIL 19 WEST PALM BEACH, FL 33409 US

11032008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-3973323
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO, JOSE R 2695 N MILITARY TRAIL 19 WEST PALM BEACH, FL 33409	Name Street Address (P O Box Number s Not Acceptable) City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

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 / STREET ADDRESS / CITY-ST-ZIP	PSTD CASTILLO, JOSE R 2695 N MILITARY TRAIL 19 WEST PALM BEACH, FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200137735672 11/07/08--01008--007 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jose R Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #