


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>P94000020543</u>			
<b>1. Corporation Name</b> <u>NATIONAL HEALTH INS. SVC. INC.</u>			
<b>2. Principal Office Address</b> <u>706 FOX VALLEY DR</u> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <u>PO BOX 915767</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Longwood FL</u>		<b>City &amp; State</b> <u>Longwood FL</u>	
<b>Zip</b> <u>32779</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>32791-5767</u>	<b>Country</b> <u>USA</u>

**FILED**

06 AUG 28 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>3/14/94</u>	
<b>5. FEI Number</b> <u>59-322-6658</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> <u>Paul Galtman</u>		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>706 FOX VALLEY DRIVE</u>		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> <u>Longwood</u>	<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>32779</u>

**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**

Paul Galtman

**Date**

8/25/06

REGISTERED AGENT MUST SIGN

**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
<u>MR</u>	<u>Paul Galtman</u>	<u>706 FOX VALLEY DR</u>	<u>Longwood FL 32779</u>
			<u>100079727131</u>
			<u>09/13/06 01059 020 **450.00</u>
			<b>REINSTATEMENT</b>
			<u>04-06</u>

**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 contained in Chapter 119, 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:**

Paul Galtman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

8/25/06

**Daytime Phone #**

407-682-4888

CR Williams AUG 20 2006

To: FLORIDA DEPT OF STATE  
From: PAUL CHRISTMAN

8/24/06

I DID NOT RECEIVE 1<sup>ST</sup> & 2<sup>ND</sup> NOTICE FOR  
2004 ANNUAL DUPLICATION FEE. THE REASON IS  
THAT MY COMPANY WAS NO LONGER LOCATED  
AT 9010 VALLEY ER, CORALWOOD FL 32719

Thank you,  
Paul Christman