PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 12 AM 11:07

DOCUMENT # P94000046435

1. Corporation Name

HEALTHCARE DISTRIBUTORS, INC.

W05-14040

REINSTATEMENT 02-05

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 624 ROYAL PLAZA DR. | 624 ROYAL PLAZA DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FT. LAUDERDALE, FL | City & State: FT. LAUDERDALE, FL |
| Zip: 33301 Country: USA | Zip: 33301 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 6/17/94

5. FEI Number: 65-0504616 ☐ 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: MIKE S. AMENT

Street Address (P.O. Box Number is Not Acceptable): 624 ROYAL PLAZA DR.

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE | State: FL | Zip Code: 33301

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: [signature] Date: 3/09/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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 |
|---|---|---|---|
| D | MICHAEL S. AMENT | 624 ROYAL PLAZA DR. | FT. LAUDERDALE, FL 33301 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

100005869051
08/17/05--01043--024 **608.75

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 under section 119.07(3)(i), 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: [signature] MICHAEL S. AMENT 3-9-05 9547631772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gregg T. Kirk, P.C. & Associates
CERTIFIED PUBLIC ACCOUNTANTS

August 8, 2005

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

This letter is a written request to waive the reinstatement fee for Healthcare Distributors Inc.We need to file 2001,2002, 2003 & 2004 forms with you after the reinstatement. The Administrative Dissolution occurred on October 4, 2002. The taxpayer's address has changes three times in the last three years and the mail from the State of Florida has not kept up with his changing address. The mailing address for this corporation on your website is incorrect and we had not received previous notices regarding the Annual Reports or the Administrative Dissolution. It has always been our intention to file these reports timely, but we did not receive notices at our office, nor did the taxpayer receive the notices in his forwarded mail from his previous addresses. We are submitting the Corporation Reinstatement Form with this letter which contains the Corporation's current address and change of Registered Agent. Also included is a check to the State of Florida in the amount of $608.75 to relieve the taxpayer of penalties per instructions from your office. We will file all the necessary reports to reinstate this Corporation once we have heard from you regarding what is missing.

Thank you for your consideration in this matter,

Gregg T. Kirk, C.P.A.

9441 LBJ Freeway, Suite 202 ■ Dallas, Texas 75243
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email: gtkirk@flash.net