PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1995 / 1996

DOCUMENT # P94000059458

1. Corporation Name

CRISAN HEALTH GROUP, INC.

FILED
96 NOV 12 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MWB
11-14-96

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
999 Ponce de Leon Ave.	P.O. Box 144877
Suite, Apt. #, etc.: Suite 940	Suite, Apt. #, etc.:
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country:	Zip: 33134-4877 Country:

4. Date Incorporated or Qualified To Do Business in Florida: August 12, 1994

5. FEI Number: 65-0705510 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Julio Avello	999 Ponce de Leon, #940	Coral Gables, FL 33134
			900002007219--6 -11/18/96--01026--011 ****575.00 ****575.00
			900002007219--6 -11/18/96--01026--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Julio Avello
Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Ave.
Suite, Apt. #, Etc.: Suite 940
City: Coral Gables State: FL Zip Code: 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Julio Avello — REGISTERED AGENT MUST SIGN — Date: Oct 28/96.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Julio Avello — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Oct 28/96 — Daytime Phone #

CR2E031 (6/96)