

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 25 PM 2:25

DOCUMENT # P94000074875

1. Corporation Name

OPPORTUNITY HEALTH SERVICES CORP.

Principal Place of Business	Mailing Address
175 FOUNTAINBLEU BOUELVARD 1 R 2 MIAMI FL 33172 US	175 FOUNTAINBLEU BOUELVARD 1 R 2 MIAMI FL 33172 US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 175 Fontainebleau Blvd Suite, Apt. #, etc. Suite 164 City & State Miami FL 33172 Zip 33172 Country US	3. New Mailing Office Address, If Applicable 175 Fontainebleau Blvd Suite, Apt. #, etc. Suite 164 City & State Miami Zip 33172 Country US
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4. Date Incorporated or Qualified To Do Business in Florida 10/12/1994
5. FEI Number 65-0520885
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GONZALEZ, MARIA D	175 FOUNTAINBLEU BOUELVARD, #1 R	MIAMI FL 33172
			100003455561--4 11/07/00 01063 005 ****758.75 ****758.75
			AP 11/6

8. Name and Address of Current Registered Agent
GONZALEZ, MARIA D
 175 FOUNTAINBLEU BOUELVARD
 1 R 2
 MIAMI FL 33172

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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 [Signature] Date 10/12/2000
 REGISTERED AGENT MUST SIGN

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 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] Date 10/12/2000 Daytime Phone # 305-503-4862
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)