

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000016773	
1. Corporation Name <b>PROFESSIONAL HEARING CENTERS, INC.</b>	

Principal Place of Business 17971 BISCAYNE BLVD. 200 N MIAMI BEACH FL 33160	Mailing Address 17971 BISCAYNE BLVD. 200 N MIAMI BEACH FL 33160
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 Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>03/01/1995</b>			
5. FEI Number <b>65-0564108</b>	Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BAUMEL, ALAN M	17971 BISCAYNE BLVD, 200	N MIAMI BEACH FL 33160
D	BAUMEL, DEBRA C	17971 BISCAYNE BLVD, 200	N MIAMI BEACH FL 33160

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BAUMEL, ALAN M 17971 BISCAYNE BLVD, 200 N MIAMI BEACH FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <i>10/25</i> State <i>FL</i> 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. or 617.0505, F.S.

Signature of Registered Agent *Alan Baumel* Date *10/21/02*

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: *Alan Baumel* SIGNATURE REQUIRED Date *10/21/02* Daytime Phone # *792-0906*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# Professional Hearing Centers, Inc.

Aventura, 17971 Biscayne Blvd, suite 200 - Miami, Fl 33160  
Ft. Lauderdale, 2001 N.E. 48 Court, Ft. Laud, Fl 33308  
(954) 776-5452 OR (305) 792-0906  
FAX (305) 792-9077

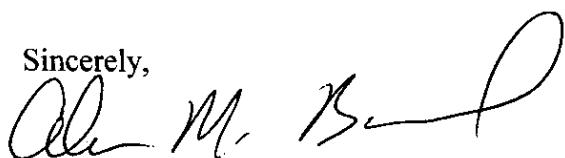
October 22, 2002

Re: Application for reinstatement of corporation

To Whom It May Concern:

As per conversation with Justin, we are sending a check for \$150.00 as we did not receive the prior UBR notices. If you have any questions concerning this matter, please do not hesitate to call (305) 792-0906.

Sincerely,



Alan M. Baumel  
President