

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 DEC 12 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500064565

1. Corporation Name
CRYSTAL HEALTH, INCORPORATED

Principal Place of Business Mailing Address
6501 GREENBRIER FARM ROAD
FORT MYERS, FLORIDA 33905

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
Suite, Apt #, etc.
City & State
Zip Country

3. New Mailing Address, if Applicable
6501 GREENBRIER FARM RD.
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
AUGUST 21, 1995

5. FEI Number
65-0608478

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S	CHRISTINE JARMOLINSKI	6501 GREENBRIER FARM ROAD	FORT MYERS, FL. 33905
	<i>Christine Jarmolinski 6501 Greenbrier Farm Rd Ft. Myers, FL 33905</i>		138882835561-5 -12/20/96--01108--006 ****375.00 ****375.00

REINSTATEMENT *quest 12/12/96*

8. Name and Address of Current Registered Agent
CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FLORIDA 32301

9. Name and Address of New Registered Agent
Name: CHRISTINE JARMOLINSKI
Street Address (P.O. Box Number is Not Acceptable): 6501 GREENBRIER FARM ROAD
Suite, Apt. #, Etc.
City: FORT MYERS State: FL Zip Code: 33905

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: *C. Jarmolinski* REGISTERED AGENT MUST SIGN Date: *12.9.96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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: *C. Jarmolinski Pres.* Date: *12.9.96* Daytime Phone: *6940707*

CRS 6040 (12/95)