PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97 REINSTATEMENT

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

APPROVED AND FILED

97 NOV 20 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000066439**

1. Corporation Name

NATIONAL HEALTHCARE REVIEW, INC.

Principal Place of Business	Mailing Address
4710 HABANA AVE., STE. 103 TAMPA FL 33614	4710 HABANA AVE., STE. 103 TAMPA FL 33614

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	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/1995

5. FEI Number: 59-3477730 ~~APPLIED FOR 11/1997~~ ☐ 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) 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
PD	DYKES, WALTER E	4710 HABANA AVE., STE. 103	TAMPA FL 33614
D	BUFFINGTON, DANIEL	13612 WESTSHIRE DR.	TAMPA FL 33618
STD	MASSOUD, MELANIE	~~9106 N. TAMIAMI TRAIL #145~~ 838 NEOPOLITAN WAY, Ste. 45	~~BOCA RATON FL 33433~~ NAPLES, FL 34103
D	MASSOUD, JOSEPH	~~21712 WAPFORD WAY~~ 838 NEOPOLITAN WAY, Ste. 45	BOCA RATON FL 33433 NAPLES, FL 34103

REINSTATEMENT 97

8. Name and Address of Current Registered Agent

DYKES, WALTER E
4710 HABANA AVE., STE. 103
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name 11/20/97

Street Address (P.O. Box Number is Not Acceptable) 100002356871--9
-11/25/97--01060--012
Suite, Apt. #, Etc. ****750.00 ****750.00

City | State FL | Zip Code

CR2E040 (8/97)

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 Walter E Dykes Date 10-31-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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: Walter E Dykes WALTER E. DYKES 10/31/97 (813) 872-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #