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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 MAR -2 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000088904

Health 1st International, Inc.
1294 NW 100 Ave
Coral Springs, FL. 33071

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

REINSTATEMENT
97-98AR

000244614B--7
-03/03/98--01100--007
*****23.75 *****8.75

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
11/29/95	65-0629570	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
O	Melisa Vazquez	1294 NW 100 Ave	Coral Springs FL. 33071

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Filings Inc.
3732 NW 16 St
Ft Laud, FL. 33311

9. If changed, new registered agent / office

Name: Jerome Siegel

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number): 100 W. Cypress Creek RD Ste. 930

City: Ft. Lauderdale State: FL. Zip: 33309

CR2E040 (6/97)

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: Jerome Siegel — REGISTERED AGENT MUST SIGN Date: 2/13/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of Officer or Director: Melisa Vazquez Date: 2-25-98 Daytime Phone #: 755-4440