

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -6 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA000072080
1. Corporation Name
YEMA HEALTH SERVICES, INC.
199-29385

Principal Place of Business Mailing Address
1490 W 49th PLACE, STE # 575
HIALEAH, FL. 33012

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. SAME
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 8-29-96
5. FEI Number 65-0683829
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for D FAJARDO, MIRNA.

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8. Name and Address of Current Registered Agent
FAJARDO, MIRNA
8801-NW-109 TERR
HIALEAH, FL 33018

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

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
Date 12/21/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No [X] (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: MIRNA FAJARDO
Date 12-21-99
(305)-698-6800