DI FACE DEAG	NALL INST	DUCTIONS	PETODE O	OMPLETI		 NDA4	en e
APPLICATION FOR REINSTATEMENT	FLORIDA	A DEPARTMEN Sandra B. Mor Secretary of S	NT OF STATE tham tate	OWPLETT	APPROV AND FILED		-
DOCUMENT # P960000 84646				98 DEC 28 AM II: 18			
1. Corporation Name Healthy Connections Management Service INC				SECHETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
5802 HOFFNER AVENUE, Suite 705 ORLANDO, FL 32822				REMS	TATEM	ENT	11-00
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	Applicable	4. Data tanawayatad ay Oyaliffad					
Suite, Apt. #, etc.				To Do Business in Florida 10-11-96			
City & State	State State City & State Orlando			5. FEI Number Applied For Not Applicable			
Zip Country	Zip 228	Par Country	cs 4-	6. CERTIFICATE	OF STATUS DESIRED		ditional Fee required erlificate of Status
Names and Street Addresses of Each Officer ar Name of Officers	id/or Director (Flor		tions must list at lea				·
Title(s)			icer and/or Director se Post Office Box N		4	City / State / Zi	ip
Pres Charles N. Hun	riKER	2601 JAS	pes PIAC	e	Ralvegh,	NLZ	7613
V.P. Carolene Gaster 5934			Bent # 138	Pine De	Orlando,		
							
				- Ju)00027 12/29/9		
					****808	1.75	**908.75
	- }		, ,	-		12	1860
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
Charles N. Hunzik	Street Address (P.O. Box Number is Not Acceptable)						
4361 Poinse HiA OR St. Pete Beach, FL			Suite Act. #. Etc.				
33706 City				Suite 705			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the object.				1100	on 607 0505 E.S.	FL 3	2822
Signature of Registered Agent	REGISTERED AGE				Date	28-96	2
11. This corporation owes or I Intangible Personal Prope	nas paid the	current yea	ar Yes 🗹	No 🗆	(See o	other side for in on intangible to	aformation
12. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my	solution has been a names of individu	eliminated, the corpor als listed on this form a the same legal effe	rate name satisfies t n do not qualify for a ct as if made under	the requirements on exemption under oath.	of section 607.0401 o	r 617.0401, É.S	S., that all fees ormation indicated
SIGNATURE: SIGNATURE AND TYPED OR P	Charle BINTED NAME OF SI		hinzike		12-28-98	407	800
SIGNATORE AND LIPED OF P	CHAILED MANIE OF SI	Como Officer of D	**************************************		₽ ai€	Daytime P	HORE #