

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortlam Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 DEC 22 AM 10:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000093883

1. Corporation Name Pro Healthcare, Inc.

Principal Place of Business Mailing Address

11991 Biscayne Blvd North Miami, FL 33181

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

2. New Principal Office Address, If Applicable

11991 Biscayne Blvd

Suite, Apt. #, etc.

City & State North Miami, FL

Zip 33181 Country

3. New Mailing Office Address, If Applicable

12544 Biscayne Blvd Suite 351

Suite, Apt. #, etc.

City & State N. Miami, FL

Zip 33181 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

Nov 15, 1996

5. FEI Number

65-0716957

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

\$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)

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
President DC	Spencer Baron	1948 NE 123 St. #107 North Miami, FL 33181	North Miami, FL 33181
Vice Pres. DC	Brad Kern	1948 NE 123 St. #105 North Miami, FL 33181	North Miami, FL 33181
Officer DC	Tom Hyde	1255 Biscayne Blvd North Miami, FL 33181	North Miami, FL 33181

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Spencer H. Baron Street Address 1948 ne 123 street Suite, Apt. #, Etc Suite 107 City North Miami State FL Zip Code 33181

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No []

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/97 305 891-2520 Daytime Phone #