

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 23 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **796000098873**

1. Corporation Name

Healthcare Data Solutions, Inc

2. Principal Office Address

11441 S.W. 77 Ave

Suite, Apt. #, etc.

City & State

Pinecrest, FL

Zip

Country

33156

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *98-05*
MRB

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/06/96

5. FEI Number

650711896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Albert C. Santalo

300047929223

*03/08/05--01019--022 **1800.00*

Street Address (P.O. Box Number is Not Acceptable)

11441 S.W. 77th Avenue

Suite, Apt. #, Etc.

City

Pinecrest

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/22/2005

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>COO</i>	<i>Richard Lopez del Leon</i>	<i>9450 S.W. 149th St</i>	<i>Miami, FL 33176</i>

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2005

Date

Daytime Phone #

786-200-0840

CR2E081 (01/05)