

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -8 PM 5:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000020857**

1. Corporation Name
COMPLETE HEALTH SYSTEMS, INC.

Principal Place of Business Mailing Address
 227 TAYLOR ST 232 LIDO DRIVE
 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950
 US



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		4. Date incorporated or Qualified To Do Business in Florida 03/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0797305	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
VP	VALLADARES, JEANETTE <i>delete</i>	227 TAYLOR ST	PUNTA GORDA FL 33950
PS	VALLADARES, BLANCA	227 TAYLOR ST	PUNTA GORDA FL 33950
ST	VALLADARES, IVETTE	227 TAYLOR ST	PUNTA GORDA FL 33950
T	ACHKAR, AMIN <i>delete</i>	227 TAYLOR ST	PUNTA GORDA FL 33950
P	Rene Barrios Add	227 TAYLOR ST	Punta Gorda FL 33950

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HORNER, MIKE
 222 NESSIT ST
 PUNTA GORDA FL 33950~~

Name *Rene Barrios*
 Street Address (P.O. Box Number is Not Acceptable)
232 Lido Dr.
 Suite, Apt. #, Etc.
 City *Punta Gorda* State **FL** Zip Code **33950**

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 *[Signature]* **REQUIRED** Date *11/3/99*
 REGISTERED AGENT MUST SIGN

11. 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]* **REQUIRED** Date *11/3/99* 901-505-1411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

04/23/99 90083 USO 182000

CR25040 (9/99)

COMPLETE HEALTH SYSTEMS, INC.
232 LIDO DRIVE
PUNTA GORDA, FLORIDA 33950
941-505-1411 FAX 941-575-0899

2

Dear Sir/Madam:

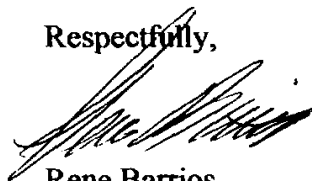
Please accept the enclosed application for corporate renewal for the above mentioned corporation.

Evidently the original application with changes was misplaced. Enclosed please find front and back copy of check received by the state that was sent dated April 20th 1999.

I kindly request that you reinstate our corporate status for Complete Health Systems, Inc. and waive the penalty fees.

If you have any questions I may be reached at 941-505-1411.

Respectfully,



Rene Barrios,
President