

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000026847

1. Corporation Name

HEALTH EXCHANGE, INC.

Principal Place of Business

3998 N.W. 23RD TERRACE  
BOCA RATON FL 33431

Mailing Address

3998 N.W. 23RD TERRACE  
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1997

5. FEI Number

65-0744902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
P	MADNICK, MICHAEL H	729 N.W. 9TH STREET	DELRAY BEACH FL 33444
VD	STOCKMAN, RONALD	6055 N.W. 18TH COURT	MARGATE FL 33063
P	SMITH, JAMIESON M	3998 N.W. 23RD TERRACE	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

MADNICK, MICHAEL H  
729 N.W. 9TH STREET  
DELRAY BEACH FL 33444

JAMIESON M Smith  
3998 NW 23rd Terr  
Boca Raton, FL

9. Name and Address of New Registered Agent

Name JAMIESON M Smith  
Street Address (P.O. Box Number is Not Acceptable)  
3998 NW 23rd Terr  
Suite, Apt. #, Etc.  
City Boca Raton State FL Zip Code 33431

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

Jamieson M Smith  
REGISTERED AGENT MUST SIGN

Date 12.9.99

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:

Jamieson M Smith

JAMIESON M. Smith

12.9.99 561

Date Daytime Phone #

463-0002

FILED

99 DEC 10 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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\*\*\*\*750.00 \*\*\*\*750.00

CR2040 (9/99)