


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>97000052836</u>			
1. Corporation Name <u>Pentagon Healthcare Services, Inc.</u>			
Principal Place of Business <u>15155 N.W. 7TH AVE</u> <u>Miami, FLA. 33169</u>		Mailing Address <u>(Same as Principal)</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <u>SAME AS ABOVE</u>		3. New Mailing Office Address, If Applicable <u>SAME AS ABOVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>JUNE 13, 1997</u>		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>President</u>	<u>EARNIE P. NEAL</u>	<u>17330 N.W. 61 PLACE</u> <u>MIAMI, FLA. 33</u>	<u>MIAMI, FLA.</u>
<u>V-President</u>	<u>Michael Jones</u>	<u>9450 N.W. 21ST</u> <u>MANOA</u>	<u>SUNRISE FLA.</u>
<u>Sec.</u>	<u>ANN JOHN LATIMER</u>	<u>11700 S.W. 9TH COURT</u>	<u>Pembroke Pines FLA</u>
			<u>100002684281--4</u> <u>-11/10/98--01039--006</u> <u>****150.00 ****150.00</u>
<u>B 11/5/98 AR</u>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>EARNIE P. NEAL</u> <u>17330 N.W. 61 PLACE</u> <u>MIAMI, FLA. 33169</u>		Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <u>FL</u>	
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 <u>E. P. Neal</u>		Date <u>10-26-98</u>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>Earnie P. Neal</u>		Date <u>10-26-98</u> Daytime Phone # <u>305-685-4650</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/96)

Pentagon Healthcare Center

15155 N.W. 7th Avenue
Miami, Florida 33169

Telephone: (305) 685-4650
Fax: (305) 685-4649

October 29, 1998


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Florida Department of State
Division of Corporations
P.O. Box 6227
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed is the Pentagon Healthcare Center application for reinstatement. The Pentagon Healthcare Center did not receive an application for renewal therefore we are just sending the required filing fee.

Sincerely,


Earnie P. Neal
President

Fee enclosed \$150.00