PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR REINSTATEMENT FOR Secretary of State DIVIDING FORPORTHON OF STATE SECRETARY OF STATE SECRETARY OF STATE TALLAHASSE. FLORIDA INSING BUTCH OF STATE TALLAHASSE. FLORID	DI EASE DEAD		REEODE COMDI ET	TING THIS EODM	
REINSTATEMENT # POWN 5283 Q DOCUMENT # POWN 5283 Q SERETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Andress Listen and addresses are incorrect in any way, line through incorrect orientations are recorded to below. It nows addresses are incorrect in any way, line through incorrect orientations are recorded to below. It nows addresses are incorrect in any way, line through incorrect orientations are recorded to below. It nows addresses are incorrect in any way, line through incorrect orientations are recorded to below. It nows addresses are incorrect in any way, line through incorrect orientations are recorded to below. Solida April 8, etc. Solida April 9, etc.	APPLICATION FOR	FLORIDA DEPARTME Sandra B. Mo	NT OF STATE rtham		
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Principal Place of Busilhess Mailing Address Same and Same a	1. Corporation Name			98 NOV -2 AM 8: 59	
15 15 15 15 15 15 15 15	PENTAGON HEALTHCARE Services, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
It abova addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable S. New Mailing Office Address, If Applicable To Do Business in Florida To Do Business in Fl	i ·	Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable Survey AS A Survey	15155 N.W. 7th AVE (SAME as				
2. New Principal Office Address, if Applicable 3. New Nating Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number	Miami, Fla. 33169 Principal.				
Sulfe, Apt. 8, etc. City & State City & City City & State City & Sta				porated or Qualified	
City & State Country Coun	Same AS Above Suite, Apt. #_etc.		To Do Bus	siness in Florida	
Record R	City & State	City & State	5. FEI Numb	Applied to	
7. Names and Street Addresses of Each Officer and/or Director (Florida notyprolit composations must list at least 3 directors) Name of Officers 1. Title(s) 2. Name of Officers 1. Name of Officer	<u> </u>		6.		
Tille(s) 2 Street Address of Each Very State / Zip Very State /			CERTIFICA	TE OF STATUS DESIRED for a Certificate of Status	
1 2 3 (Do NOT Use Post Office Box Numbers) 4	Name of Officers				
President Farnic P. Neal miami, Fla. 33 m. nm. Fla. V-President Michael loves 9450 Niw. 315 miama. Sourise Fla. Sec. Anni lohn Lahimen 11700 S. w. 9 million for the brook lives Fla. 1 0002584281 - 1170/38-01039-005 *****150.00 *****150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 *******150.00 *******150.00 *******150.00 *******150.00 *******150.00 *******150.00 *******150.00 ********150.00 ********150.00 ********150.00 *********************************	1 2 3 (Do NOT Use Post Office Box Numbers			City / State / Zip	
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8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State C	V-President Micheal loves 9450 Niw 21st manon SourisE Fla.				
3. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code This corporation owes or has paid the current year intangible Personal Property tax due June 30. 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 517, F.S. I further certify that when filling 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 cath.	Sec. ANN Tolm Latimer 11700 S.W. 9 Meant Pembrook lives The				
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SIGNATURE: E P SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone # 4650	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				
4650		O De a D TED NAME OF SIGNING OFFICER OR F	DIRECTOR /C	2-36-97-305-685	
				4650	

<u>.</u>.,

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