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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067318

1. Corporation Name
Health Information Publications, Inc.

2. Principal Office Address
5517 Van Dyke Rd

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lutz FL

City & State

Zip Country
33558 USA

Zip Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
8-1-97

5. FEI Number
59-3462894

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
Allan Andreasen

Street Address (P.O. Box Number is Not Acceptable)
5517 Van Dyke Rd

Suite, Apt. #, Etc.

City
Lutz

State
FL

Zip Code
33558

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
Allan Andreasen

Date
11-10-04

REGISTERED AGENT MUST SIGN

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>P/O</i>	<i>Allan Andreasen</i>	<i>5517 Van Dyke Rd</i>	<i>Lutz, FL 33558</i>

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11/12/04--01056--021 **300.00

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: *Allan Andreasen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-04
Date

(813) 493-8822
Daytime Phone #

CR2E081 (01/04)

2052

**HEALTH INFORMATION PUBLICATIONS, INC.
5517 VAN DYKE ROAD
LUTZ, FL. 33558
(813) 493-8822**

November 10, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Reinstatement
Health Information Publications, Inc.

Dear Sirs:

Please find enclosed a reinstatement form and the filing fee for 2003 and 2004. Our corporation did not receive its annual report form, and therefore the filing was not done. Our address is correct as stated above. If there is a problem with this reinstatement or the fees involved, please contact me at the number above. Thank you.

Sincerely,



Allan B. Andreasen
President

Enclosure