

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06 DSC

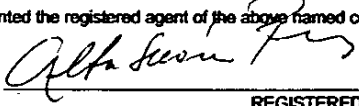
REINSTATEMENT

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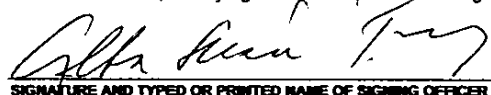
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|---|--|
| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000091440 1. Corporation Name HALLANDALE HEALTH SPA AND CLINIC, INC. | |
| 2. Principal Office Address 213 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. | 3. Mailing Office Address 213 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. |
| City & State HALLANDALE FL | City & State HALLANDALE FL |
| Zip 33009 | Country USA |

| | |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 10 23 1997 | |
| 5. FEI Number 65 0780830 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | |
|--|--------------------|
| 7. Name and Address of Current Registered Agent | |
| Name ALBA L PEREZ | |
| Street Address (P.O. Box Number is Not Acceptable) 213 E HALLANDALE BEACH BLVD | |
| Suite, Apt. #, Etc. | |
| City HALLANDALE | State FL |
| Zip Code 33009 | |

| | |
|---|------------------------|
| 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  | Date 2 24 06 |
| 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 |
| DPST | PEREZ, ALBA L | 2431 N 59TH AVE | Hollywood FL 33021 |
| | | | |
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|--|------------|---------|-----------------|
| 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 contained in Chapter 119, 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:  | ALBA PEREZ | 2/24/06 | 454 4561440 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |

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2/24/06

To Florida Dept of State
Division of Corporations

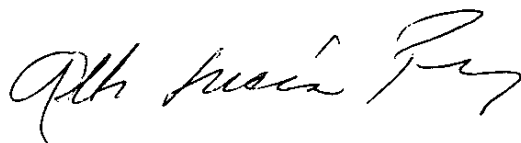
From Hallandale Health Spa & Clinic, Inc.
213 E Hallandale Beach Blvd
Hallandale Fl 33009

P97000091440

Re: Reinstatement

Kindly reinstate this corporation for 2005 and 2006. It would
be appreciated if you would waive the penalty since we never
) received last year your mail. Enclosed is a check for \$300.

Thankyou for your cooperation.



Alba L Perez