

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -5 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005130

1. Corporation Name

COMMUNITY HEALTHCARE SOLUTIONS, INC

2. Principal Office Address

230 Royal Palm Way

3. Mailing Office Address

230 Royal Palm Way

Suite, Apt. #, etc.

Suite 408

Suite, Apt. #, etc.

Suite 408

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

Zip

33480

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/15/1998

5. FEI Number

65-0860432

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

Alan R. Goodwin, Ph.D.

Street Address (P.O. Box Number is Not Acceptable)

230 Royal Palm Way

Suite, Apt. #, Etc.

Suite 408

City

Palm Beach

State

FL

Zip Code

33480

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

3/1/03

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
D	Alan R. Goodwin	230 Royal Palm Way Suite 408	Palm Beach, FL 33480

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:

Alan R. Goodwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-707-1019

Daytime Phone #

CR2E031 (10/02)

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**COMMUNITY
HEALTHCARE
SOLUTIONS, INC**

230 ROYAL PALM WAY
SUITE 408
PALM BEACH, FL 33480
561-366-8008 cell 561-707-1019

March 1, 2003

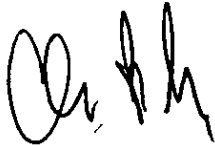
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Document Number: P98000005130

Dear Sir or Madam:

I have enclosed the Florida Department of State Corporation Reinstatement form with my check no 1313 for \$ 750, to reinstate my corporation to active status. I am requesting a waiver of the penalty, because for the years 1999, 2000, 2001, 2002 and 2003, I did not receive the uniform business reports for the years mentioned, and did not file the reports. The address on the original filing was incorrect and the new address was never recorded.

Thank you



Alan R. Goodwin, Ph.D.
Chairman