

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017946

1. Corporation Name

Affiliated Healthcare, Inc.

2. Principal Office Address

PMB 382 226 North Nova Road

Suite, Apt. #, etc.

City & State

Ormond Beach, Fl.

Zip

32174

Country

USA

3. Mailing Office Address

PMB 382 226 North Nova Road

Suite, Apt. #, etc.

City & State

Ormond Beach, Fl.

Zip

32174

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 24, 1998

5. FEI Number

65-0816313

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

Guy A. Willis, CPA

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

2432 Flagler Ave.

Suite, Apt. #, Etc.

City

Key West,

State

FL

Zip Code

33040

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

Guy A. Willis, CPA
REGISTERED AGENT MUST SIGN

Date 04/28/04

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
P/V/D	Donald Bertch	7 Carrington Lane	Ortmond Beach, Fl. 32174

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:

Donald C. Bertch Donald C. Bertch 4/30/04 386-451-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
04 MAY -4 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-24

CR2E081 (01/04)

PS 244

STF1
DR-835
R.02/00

POWER OF ATTORNEY and Declaration of Representative

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print) Affiliated Healthcare, Inc. PMB 382 226 North Nova Road Ormond Beach, Fl. 33040	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.) 65-0816313	FLORIDA TAX REGISTRATION NUMBER DAYTIME TELEPHONE NUMBER 305-294-6606
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Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print) Guy A. Willis, CPA 2432 Flagler Ave. Key West, Fl. 33040	TELEPHONE NUMBER 305-294-6606 FAX NUMBER 305-294-0328
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S)/PERIOD(S)/MATTER(S)
Corporate UBR	Reinstatement Form	2002, 2003 & 2004

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____

Re-print Taxpayer Name(s):

Taxpayer ID #

STF1
PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.
- a. If you want any notices and communications sent to both you and your representative, check this box ☐
- b. If you do not want any notices or communications sent to your representative, check this box ☐
- c. If you want the second representative listed to receive such notices and communications, check this box ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box. ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. **Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.**

If this Power of Attorney is not signed and dated, it will be returned.

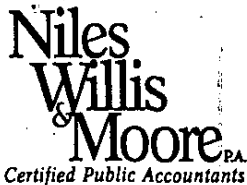
<p><u>Donald C. Berch</u> SIGNATURE Don Berch</p> <p>_____ PRINT NAME</p>	<p><u>04/29/04</u> DATE</p> <p>_____ DATE</p>	<p><u>President</u> TITLE (If Applicable)</p> <p>_____ TITLE (If Applicable)</p>
<p>_____ SIGNATURE</p> <p>_____ PRINT NAME</p>	<p>_____ DATE</p>	<p>_____ TITLE (If Applicable)</p>

PART II - DECLARATION OF REPRESENTATIVE

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
B	Florida	<u>[Signature]</u>	04/28/04



Jack D. Niles, Jr., C.P.A.
Guy A. Willis, C.P.A.
Sharon A. Moore, C.P.A.

2432 Flagler Avenue
Key West, FL 33040
305 • 294 • 6606
Fax 305 • 294 • 0328

VIA FEDERAL EXPRESS

April 28, 2004

Secretary of State
Att'n: Reinstatement Section
Division of Corporations
409 East Gaines
Tallahassee, FL 32399

RE: Affiliated Healthcare, Inc.-
Document #P98000017946
Uniform Business Report for 2002, 2003 and 2004
Reinstatement and Abatement of Late Fees

Dear Sirs:

Enclosed is the above referenced client's Corporation Reinstatement form, including a check in the amount of \$458.75 representing 2002, 2003 and 2004 filing fee and a certificate of status. Our client did not receive the UBR forms for its annual filing with your office. It has come to our attention that the client's corporation has been administratively dissolved for failure to file the UBR form.

The client's mailing address was changed during 2002 and as a result the UBR was not forwarded to the current address. The current address is included on the attached reinstatement form.

I hereby request that your office abate the late filing fees due to these circumstances. **Enclosed is a Power of Attorney and Declaration of Representative for your records executed by an officer of the corporation.**

If you require further clarification, please contact me at 305-294-6606. Thank you in advance for your cooperation in this matter.

Sincerely,

NILES, WILLIS & MOORE, P.A.


Guy A. Willis, CPA

TW/cm
Enclosures
Cc: Don Bertch, Pres.

Members:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

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