PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 16 PM 12:38

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DOCUMENT # P98000077376

1. Corporation Name
Partners in Health and Entertainment Management Inc.

2. Principal Office Address	3. Mailing Office Address
900 Bay Dr. #1002	
Suite, Apt. #, etc.: 1002	Suite, Apt. #, etc.
City & State: Miami Beach FL	City & State
Zip: 33141 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 1998

5. FEI Number: 65-0869904 ☐ 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: Melissa H. Siesel

Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33431

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: Melissa H. Siesel Date: Dec. 16, 2002
REGISTERED AGENT MUST SIGN

CR2E081 (3/01)

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
Pres	James Huysman	900 Bay Dr #1002	Miami Beach, FL 33141

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: _____ 12/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/16/03 gw