

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 25 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000078047

1. Corporation Name

Preferred Healthcare Services, Inc.

2. Principal Office Address

3637 4th Street N

Suite, Apt. #, etc.

230

City & State

St. Petersburg FLA

Zip

33704

Country

PINELLAS

3. Mailing Office Address

3637 4th Street N

Suite, Apt. #, etc.

230

City & State

St. Petersburg FLA

Zip

33704

Country

PINELLAS

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

9/10/98

5. FEI Number

59-3531195

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

Ioan P. Boariu

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

3637 4th Street N

Suite, Apt. #, Etc.

Suite 230

City

St Petersburg

State

FL

Zip Code

33704

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****458.75 ****458.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/24/02

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
COB/CEO	JAMES Kelley	3637 4th Street N Suite 230	St. Petersburg FL 33704
PRES/COO	IOAN P. BOARIU	3637 4th Street N Suite 230	St. Petersburg FL 33704
SEC	JAMES Kelley	3637 4th Street N Suite 230	St. Petersburg FL 33704

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:

Ioan P. Boariu

04/24/02 (727)423-0274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (9/01)

Preferred Healthcare Services, Inc.

3637 Fourth Street North – Suite 230

St. Petersburg, FL 33704

Ph (727) 327-5353 - Fax (727) 327-6363

April 23, 2002

Department Of State
Division Of Corporations
409 E. Gains Street
Tallahassee, FL 32314

Re: Reinstatement Of Corporation Doc # P98000078047

To Whom It May Concern:

It has come to our attention that our corporation was not renewed in 2000 or 2001. Please be advised that the company had a change of address and did not receive the annual report during these two years. This was the cause of the problem and we were unaware of this until now.

As per my phone conversation with your office, attached is our completed business report and a check for \$450.00 to bring us current with the Department Of State. Please accept our appreciation for this courtesy that your office has afforded us in this matter.

If I can be of any further assistance please contact me a (727) 321-5353

Sincerely,



Ioan Boariu
President, COO