


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # R98000089987			
1. Corporation Name <u>The Health Source of BRANDON Inc</u>			
2. Principal Office Address <u>660 OAKFIELD DRIVE</u>		3. Mailing Office Address <u>660 OAKFIELD DRIVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>BRANDON, FLORIDA</u>		City & State <u>BRANDON, FLORIDA</u>	
Zip <u>33511</u>	Country <u>USA</u>	Zip <u>33511</u>	Country <u>USA</u>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 25 PM 2:01

REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida <u>10/22/1998</u>	
5. FEI Number <u>593534104</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Beverly A. Spencer</u>	<u>700040845737</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2016 DARLINGTON OAKS DR.</u>	<u>09/08/04--01022--010 **1200.00</u>
Suite, Apt. #, Etc.	<u>01-04</u>
City <u>Seffner FL</u>	State <u>FL</u> Zip Code <u>33584</u>

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

Beverly A. Spencer

Date

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
P	WORZALLA, Robert	2016 DARLINGTON OAKS DR	Seffner FL 33584
VP	Spencer, BEVERLY A	2016 DARLINGTON OAKS DR	Seffner FL 33584

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:

Beverly A. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY A SPENCER
8/24/04 813 661-1058

Daytime Phone #