

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 14 PM 12:16

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P 98000093321

1. Corporation Name  
**OLIMPIA HEALTH SYSTEMS INC.**

2. Principal Office Address  
**1205 SW 37th Ave.**  
Suite, Apt. #, etc.  
**SUITE 200**  
City & State  
**MIAMI, FL**  
Zip  
**33135** Country  
**DADE**

3. Mailing Office Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip  
County

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified To Do Business in Florida  
**11/03/98**

5. FEI Number  
**65-0889272** 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  
**EDDY F. FERNANDEZ** **500003302025--1**

Street Address (P.O. Box Number is Not Acceptable)  
**1205 SW 37th Avenue** **06/23/00--01005--001**  
**\*\*\*\*750.00 \*\*\*\*750.00**

Suite, Apt. #, Etc.  
**SUITE 200** **500003302025--1**  
**-06/23/00--01005--002**

City  
**MIAMI** State  
**FL** Zip  
**33135**

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  
*Eddy Fernandez* Date **05/31/00**  
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
Pres	EDDY F. FERNANDEZ	6423 Collins Avenue Apt. -1008	Miami Beach, FL 33141
VP/Sec	RAMON CORONA	7928 SW 8 Street	Miami, FL 33144

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: *Eddy Fernandez* Date **05/31/00** (205) 476-0061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #