

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # 198000107198

1. Corporation Name

Business Health Solutions, Inc

2. Principal Office Address C/O Diaz

800 Goodlette RD N

Suite, Apt. #, etc.

Suite 310

City & State

Naples FL

Zip

34102

Country

USA

3. Mailing Office Address

800 Goodlette RD N

Suite, Apt. #, etc.

Suite 310

City & State

NAPLES FL

Zip

34102

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/98

5. FEI Number

59-3547255

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

John R Diaz

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

800 Goodlette RD N

Suite, Apt. #, Etc.

310

City

NAPLES

State

FL

Zip Code

34102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

John R Diaz
REGISTERED AGENT MUST SIGN

Date

4/30/04

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
Pres	John R. Diaz	800 Goodlette RD N	Naples FL 34102

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:

John R. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone #

CR2E081 (01/04)