

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P990000015477

1. Corporation Name
VERITAS HCM, INC

02 OCT 29 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address 9400 S. DADELAND BLVD		3. Mailing Office Address 9400 S. DADELAND BLVD	
Suite, Apt. #, etc. 601		Suite, Apt. #, etc. 601	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33156	Country U.S.A.	Zip 33156	Country U.S.A.

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida	2/17/99
5. FEI Number 65-0899398	Applied For 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 ERIC J. KAPLAN			
Street Address (P.O. Box Number is Not Acceptable) 9400 SOUTH DADELAND BLVD			
Suite, Apt. #, Etc. 601			
City MIAMI		State FL	Zip Code 33156

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

Date 10/26/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	ERIC KAPLAN	9400 S. DADELAND BLVD, 601	MIAMI, FL 33156
V/D	ELLEN KAPLAN	9400 S. DADELAND BLVD, 601	MIAMI, FL 33156
S	ERIC KAPLAN	9400 S. DADELAND BLVD, 601	MIAMI, FL 33156

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:

ERIC J. KAPLAN

10/22/02

305-670-0640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

g11/5/02