

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 14 AM 11:55

DOCUMENT # **P99000026306**

1. Corporation Name
HEALTHFAIR USA, INC.

Principal Place of Business 1890 SEMORAN BLVD. SUITE 319 WINTER PARK FL 32792	Mailing Address 1890 SEMORAN BLVD. SUITE 319 WINTER PARK FL 32792
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REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/22/1999	
5. FEI Number 65-0904433	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DIAZ, TERENCE	1172 SOUTH WEST 88TH STREET, SUIT 6308 RALEIGH ST. # 313	PALM CITY FL 34990 ORLANDO, FL 32835

300004739693--9
 -12/26/01-01094-001
 ****750.00 ****750.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
 4521 PGA BOULEVARD #211
 PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name **TERRENCE DIAZ**
 Street Address (P.O. Box Number is Not Acceptable)
6308 RALEIGH ST.
 Suite, Apt. #, Etc.
313
 City **ORLANDO** State **FL** Zip Code **32835**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date 12/12/01
 REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* Date 12/12/01 Daytime Phone # 407-672-9090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/01)