

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9082

APPLICATION FOR REINSTATEMENT

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032037

1. Corporation Name

HEALTHCARE RESOURCE SERVICES, INC.

Principal Place of Business

Mailing Address

6611 LAS FLORES DR.  
BOCA RATON FL 33433

6611 LAS FLORES DR.  
BOCA RATON FL 33433

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		4. Date Incorporated or Qualified To Do Business in Florida 04/08/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number: 65-0989123	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
XXX	WALERSTEIN MIKE	6611 LAS FLORES DR	BOCA RATON FL 33433
P/D	Walerstein, Robert T.	4707 West Parkview Drive	Mequon, WI 53092
			800003506358--7 -12/19/00--01035--013 ****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLBERG, WENDY  
10100 WEST SAMPLE RD., STE. 311  
CORAL SPRINGS FL 33065

Name  
Michael L. Walerstein  
Street Address (P.O. Box Number is Not Acceptable)  
6611 Las Flores Drive  
Suite, Apt. #, Etc.  
City  
Boca Raton  
State  
FL  
Zip Code  
33433

\*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 X Michael L. Walerstein Date October 21, 2000  
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.

Robert T. Walerstein

SIGNATURE:

Michael L. Walerstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 21, 2000

Date

561 451-9700

Daytime Phone #

CR2E040 (8/00)

② of ②

HEALTHCARE RESOURCE SERVICES, INC.

6611 Las Flores Drive  
Boca Raton, Fl 33433  
(561) 451-9700

October . , 2000

Division Of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

Re: P99000032037

Gentlemen:

We respectfully request a WAIVER of the REINSTATEMENT FEE based upon the following:

- [1] The sole officer and director of the company resides out-of-state and never received the Annual Report that was due to be filed on or before June 30, 2000.
- [2] The [former] registered agent for the company denies having received the Annual Report form as well.
- [3] The company now submits its Annual Report that reflects the current address of the P/D of the company which is out-of-state.
- [4] The company requests a response to this letter with an indication as to the proper filing fee for this Annual Report. Upon receipt of same, payment will be promptly sent to the Division Of Corporations.

Thank you for a prompt reply.

Respectfully submitted,

  
Robert T. Walerstein P/D

Enc.