1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

01 MAR 12 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000085685

1. Corporation Name: Health Costs Recovery, Inc

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
1615 Forum Place	1615 Forum Place
Suite, Apt. #, etc.: The Barristers - Suite 100	Suite, Apt. #, etc.: The Barristers Suite 100
City & State: W. Palm Beach - FL	City & State: W. Palm Beach - FL
Zip: 33401 Country: Palm Beach	Zip: 33401 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: ALEJANDRA VIZOSO

Street Address (P.O. Box Number is Not Acceptable): 1615 Forum Place

Suite, Apt. #, Etc.: The Barristers - Suite 100

City: WEST PALM BEACH | State: FL | Zip Code: 33401

CR2E081 (9/00)

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: Alejandra Vizoso — Date: 3/10/01
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
Director	Alejandra Vizoso	1615 Forum Place The Barristers - Suite 100	W. Palm Beach FL 33401
			200003831872--9

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: Alejandra Vizoso — 3/6/01 — 561/697-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALEJANDRA VIZOSO

282

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 074465 117808A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

ORDER DATE : March 12, 2001

ORDER TIME : 4:06 PM

ORDER NO. : 074465-005

CUSTOMER NO: 117808A

CUSTOMER: Robert L. Saylor, Esq
Robert L. Saylor, P.a.
Suite 100
1625 Forum Place
W. Palm Beach, FL 33401

DOMESTIC FILINGS

NAME: HEALTH/COSTS RECOVERY, INC.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 12 PM 4:44
NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____