DOCUMENT # P99000091402 1. Corporation Name U.S. HEALTHCARE ENTERPRISES_INCapation State 800 Brickell Avenue 3. Mailing Office Address 800 Brickell Avenue Suite 707 Suite 707 Suite 707 Suite 707 City & State Miami, FL Spinary of Country 33131 USA 33131 USA 7. Name and Address of Current Registered Agent Name Steel Address of Documents in Food State Name Steel Address of Documents in Food State Name Steel Address of Documents of State Name Steel Address of Documents of State Name Steel Address of Documents of State 10/14/99 Steel Address of Country 33131 Steel Address of Country 33131 The State Address of State 7. Name and Address of Current Registered Agent Name Steel Address of Documents of States 7. Name and Address of Current Registered Agent Name Steel Address of States 7. Name and Address of States 7. Name Address of Current Registered Agent Name Steel Address of States 7. Name Address of Current Registered Agent Name Steel Address of States 7. Name Address of Current Registered Agent Name Steel Address of States 7. Name Address of States 7. Na		PRPORATE STATEM	5846042.7.4786		DEPAR*	ON FORMENT OF SO OF State ORPORATIONS			O3 JUN 25 PM	4: 36	
2. Principal Office Address 800 Brickell Avenue 800 Brickell Avenue 800 Brickell Avenue Suite, Apt. #, etc. Suite 707 Suite 70	DOCUMENT # P99000091402 1. Corporation Name										
800 Brickell Avenue 800 Brickell Avenue Suite, Apt. #, etc. Suite 707 City & State 707 City & State Miami, FL City & State Miami, FL Zip 33131 USA To Do Business in Florida 10/14/99 State For Not Applicable State Occurring 33131 USA To Do Business in Florida 10/14/99 State For Not Applicable State Occurring 33131 USA To Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address of State State Street Address of State State Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director Officers and/or Director C/O Oppenheim & Associates 800 -Brickell Ave., #707. Miami, FL 33131	u.s. Healthcare enterprises. Inc. 1002-03										
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City & State Miami, FL Zip Country 33131 USA CERTIFICATE OF STATUS DESIRED SATS Additional Fee required for a Certificate of Status T. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Avenue Suite, Apt. #, Etc. Suite 707 Wiami Suite, Apt. #, Etc. Suite 707 Wiami E. I. being appointed the registered agent of the above perpet apporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 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 Officers and/or Directors C/O Oppenheim & Associates 800 -Brickell Ave., #707. Miami, FL 33131							4. Date Incorporated or Qualified To Do Business in Florida 10/14/99				
Zip 33131 USA 33131 USA CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name Steven P. Oppenheim Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Avenue Suite, Apt. #, Etc. Suite 707 Wiami State State State FL Signature of Registered Agent Registered Agent Registered Agent Registered Agent State Titles Officer and/or Directors Officer and/or Director C/O Oppenheim & Associates PSD Lupis, Stefano 7. Name and Address of Current Registered Agent State FL State State State State FL State							5. FEI Numbe		X Applied For		
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PSD Lupis, Stefano - 800 Brickell Ave., #707 Miami, FL 33131		Name of			Street Address of Each			. '	City / State / Zip		
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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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stefano Lupis,

President

6/20/03

305-371-8555

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE :

146430

AUTHORIZATION

COST LIMIT :

ORDER DATE: June 25, 2003

ORDER TIME: 11:56 AM

ORDER NO. : 146430-005

CUSTOMER NO: 11489A

CUSTOMER: Steven P. Oppenheim, Esq Oppenheim & Associates

800 Brickell Avenue

Suite 707

Miami, FL 33131

DOMESTIC FILINGS

NAME:

U.S. HEALTHCARE ENTERPRISES,

INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

__ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS