

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

PALM BEACH HEALTH RESOURCES, INC.

| | |
|-----------------------|-----------------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,050.00 |

\$450⁰⁰

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -8 PM 2:36

KS

DOCUMENT # P01000019734

1. Corporation Name

PALM BEACH HEALTH RESOURCES, INC.

2. Principal Office Address - No P.O. Box #
770 Allison Court

3. Mailing Office Address
770 Allison Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Moorestown, NJ

City & State

Moorestown, NJ

Zip

08057

Country

US

Zip

08057

Country

US

4. Date Incorporated or Qualified To Do Business in Florida 02/22/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

See 7. Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable)
11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.
#221E

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Angela Howard

Angela Howard, Special Secretary

Date 6/8/09

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 |
|--------|-----------------------------------|--|----------------------|
| D | BURRIS, WILLIAM G JR. | 770 Allison Court | Moorestown, NJ 08057 |
| | | | |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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

Angela Howard by *A Howard* as atty in fact

Date 6/8/09

561-694-8107

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT 07-09