Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

CORPORATION REINSTATEMENT
SOLERA INTEGRATED MEDICAL SOLUTIONS, INC.

Certificate of Status	**1**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$1,508.75**

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000001103

1. Corporation Name
Solera Integrated Medical Solutions, Inc.

REINSTATEMENT 06-11

CR2E083 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15030 Avenue of Science	15030 Avenue of Science
Suite, Apt. #, etc.: Ste 100	Suite, Apt. #, etc.: Ste 100
City & State: San Diego	City & State: San Diego
Zip: CA 92128 / Country	Zip: CA 92128 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/2000

5. FEI Number: 52-1558967 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Florida | State: FL | Zip Code: 32301

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: [signature] Troy Todd as his agent Date: 11/15/2011

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
Pres.	Tony Aquila	7 Village Circle, Ste 100	Westlake, TX 76262
VP	Mitch Greenhill	15030 Avenue of Science, Ste 100	San Diego, CA 92128
Sec.	Jason Brady	7 Village Circle, Ste 100	Westlake, TX 76262
Treas.	Renato Giger	7 Village Circle, Ste 100	Westlake, TX 76262
Dir.	Tony Aquila	7 Village Circle, Ste 100	Westlake, TX 76262

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] Mitch Greenhill, Vice President 10/17/11 (858) 946-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/16 ao