

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000001413

1. Corporation Name
HEALTHCARE CONCIERGE SERVICES, INC.

2. Principal Office Address - No P.O. Box # 777 BRICKELL AVENUE		3. Mailing Office Address 777 BRICKELL AVENUE	
Suite, Apt. #, etc. SUITE 450		Suite, Apt. #, etc. SUITE 450	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 4 AM 9:53

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
04/07/2009

5. FEI Number
26-4548094

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ALEX SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
777 BRICKELL AVENUE

Suite, Apt. #, Etc.
SUITE 450

City MIAMI	State FL	Zip Code 33131
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05/04/17--01007--007 **1085.00

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 *[Signature]* Date **4/10/17**

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	Michel Bull	73 Queen Street	Sherbrooke, QC, Canada, J1M 0C9
Director	Nathalie Lafond	73 Queen Street	Sherbrooke, QC, Canada, J1M 0C9
Director	Patrick Slama	73 Queen Street	Sherbrooke, QC, Canada, J1M 0C9
GM	Alex Sanchez	777 Brickell Avenue, Suite 450	Miami, Florida, 33131

10. E-mail Address: **mireille.dionne@globalexcel.com** (To be used for future annual report notification)

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., 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]* Date **4/10/17** **3054594818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #

*lets
AM*