

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 FEB 28 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02

DOCUMENT # **F95000004597**

1. Corporation Name
ACS HEALTH CARE, INC.

Principal Place of Business
Affiliated Computer Services, Inc. Affiliated Computer Services
~~BUSINESS RECORDS CORPORATION~~
2828 N HASKELL AVE 10TH FL
DALLAS TX 75204

Mailing Address
Affiliated Computer Services, Inc. Affiliated Computer Services
~~BUSINESS RECORDS CORPORATION~~
2828 N HASKELL AVE 10TH FL
DALLAS TX 75204



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/21/1995	
City & State		City & State		5. FEI Number	
Zip		Country		93-0586355	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BRASWELL, HARVEY	2828 N HASKELL AVE 10TH FL	DALLAS TX 75204
SD	BLACK, DAVID W Deckelman, Jr., William L.	2828 N HASKELL AVE 10TH FL	DALLAS TX 75204
D	RICH, JEFFREY A	2828 N HASKELL 10TH FL	DALLAS TX 75204
D VP	HORTENSTINE, HENRY John Rexford David Jarrett	2828 N HASKELL AVE	DALLAS TX 75204
T	VINEYARD, NANCY P	3988 N CENTRAL EXPRESSWAY	DALLAS TX 75204
AS	HANEY, HAYS Lewis, Wayne	2828 N. HASKELL AVE FL 10	DALLAS TX 75204

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **500005073755--5**
City **03/08/02--01068--022**
******150.00 FL ****150.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

500005073755--5
03/08/02--01068--023
******750.00 ****750.00**

Signature of Registered Agent *Carolee Rogers* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 2/28/02

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., 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 REQUIRED *Wayne R. Lewis* **SIGNATURE REQUIRED**
Signature and Typed or Printed Name of Signing Officer or Director **Wayne R. Lewis, Asst. Secretary**
Date 01/21/02 Daytime Phone # 214.841.6286

CR2E040 (8/01)