PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 21 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p93000064114

1. Corporation Name

Health Information Inc.

100021656639
07/21/03--01029--004 **2100.00

94-03

2. Principal Office Address		**3.** Mailing Office Address	
10185 Collins Ave.		10185 Collins Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite #418		Suite #418	
City & State		City & State	
Bal Harbor, FL		Bal Harbor, FL	
Zip	Country	Zip	Country
33154	U.S.	33154	U.S.

4. Date Incorporated or Qualified To Do Business in Florida 09/15/1993

5. FEI Number 650456814 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Dr. Shmuel Katz

Street Address (P.O. Box Number is Not Acceptable): 10185 Collins Ave.

Suite, Apt. #, Etc.: Suite #418

City: Bal Harbor | State: FL | Zip Code: 33154

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: DSLE GLJ — Date: 7.14.03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Shmuel Katz, M.D.	10185 Collins Ave. Suite #418	Bal Harbor, FL 33154

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: DSLE GLJ Shmuel E. Katz MD — 7.14.03 — 3058647770

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

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