(H07000121902)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY -2 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

DOCUMENT # 734846

1. Corporation Name

AESCULAPIUS SELF-INSURANCE TRUST CORPORATION, INC.

2. Principal Office Address	3. Mailing Office Address
1001 BRICKELL BAY DRIVE	1001 BRICKELL BAY DRIVE
Suite, Apt. #, etc.: SUITE 1100	Suite, Apt. #, etc.: SUITE 1100
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/28/1970

5. FEI Number: 591644402 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

03-07 REINSTATEMENT

7. Name and Address of Current Registered Agent

Name: AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): ONE SOUTHEAST THIRD AVENUE

Suite, Apt. #, Etc.: 27TH FLOOR

City: MIAMI State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: American Information Services, Inc. By: Nery C. Toledo, Asst. Sec. Date: May 1, 2007

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LAWSON, RALPH	6855 RED ROAD, SUITE 600	CORAL GABLES, FL 33143
D	SUZZANNE THOMSON-QUINTERO	6855 RED ROAD, SUITE 600	CORAL GABLES, FL 33143
D	BAILEY, CHANDLER	1001 BRICKELL BAY DR., STE. 1100	MIAMI, FL 33131

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 taxes 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: Chandler Bailey 5/1/2007 (305)961-6106

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

Chandler Bailey, Director

(H07000121902)

B. Mitchell MAY 2 2007

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

AESCULAPIUS SELF-INSURANCE TRUST CORPORATION, INC.

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Estimated Charge	$481.25

14301-072719

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