

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000007017

1. Corporation Name

HEALTH ASURE, INC.

Principal Place of Business

Mailing Address

1301 SAWGRASS CORPORATE PARKWAY
SUNRISE FL

1301 SAWGRASS CORPORATE PARKWAY
SUNRISE FL

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

5. FEI Number

65-1060704

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PVCD	MINSKI, JOSE	1301 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33323
STD	MINSKI, MEYER	1301 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33323

600024023726
10/22/03--01064--027 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jose Minski
REGISTERED AGENT MUST SIGN

Date 10/16/03

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: JOSE MINSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

954-233-3300

Daytime Phone #

CR2ED40 (7/03)



October 17, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Application for Reinstatement

Dear Sirs:

Enclosed is our Application for Reinstatement. Please waive the \$600.00 reinstatement fee as we did not receive the original Corporate Annual report. We have enclosed a check for \$150.00 to cover the annual fee. Thank you for your attention to this matter.

Sincerely,


Tammy Larson
Assistant Controller