

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE  
FILE

06 MAY 22 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F00000007225

**1. Corporation Name**

Medscape Portals, Inc.

**2. Principal Office Address**

111 Eighth Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10011

Country

U.S.

**3. Mailing Office Address**

111 Eighth Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10011

Country

U.S.

**REINSTATEMENT**

02-06  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/28/00

**5. FEI Number**

912091734

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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]*

**Sandra Ortega  
Assistant Secretary**

Date 5/19/06

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
CEO/ DIR	Wayne Gattinella	111 Eighth Avenue	New York, NY 10011
EVP/ DIR	Anthony Vuolo	111 Eighth Avenue	New York, NY 10011
SVP/SEC/ DIR	Douglas Wamsley	111 Eighth Avenue	New York, NY 10011
SVP/ASST. TREAS.	Peter Anuski	111 Eighth Avenue	New York, NY 10011
VP	RoseAnn Stampe	669 River Drive, Center 2	Elmwood Park, NJ 07407
VP	Frank J. Failla Jr.	669 River Drive, Center 2	Elmwood Park, NJ 07407

**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 fees 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RoseAnn Stampe

5/10/06

Date

(201) 703-3400

Daytime Phone #