FILED

02 DEC 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000003398

REINSTATEMENT 02

1. Corporation Name
HOSPITAL HOUSEKEEPING SYSTEMS, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 811 Barton Springs Road | 811 Barton Springs Road |
| Suite, Apt. #, etc.: Suite 300 | Suite, Apt. #, etc.: Suite 300 |
| City & State: Austin, TX | City & State: Austin, TX |
| Zip: 78704 Country: US | Zip: 78704 Country: US |

4. Date Incorporated or Qualified To Do Business In Florida: June 26, 2001

5. FEI Number: 74-1919369 ☐ 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

600003933886
11/12/02--01091--025 *750.00

Name: Robert R. Floyd

Street Address (P.O. Box Number is Not Acceptable): 9550 125th Street North

Suite, Apt. #, Etc.:

City: Seminole State: FL Zip Code: 33772

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: Robert R. Floyd 12/9/02 Date: 11/4/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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 |
|---|---|---|---|
| PCD | Floyd, Robert R. | 9550 125th Street North | Seminole, FL 33772 |
| V | Thornton, Roy G. | 811 Barton Springs Rd, Suite 300 | Austin, TX 78704 |
| VD | Spry, Thomas D. Jr. | 811 Barton Springs Rd, Suite 300 | Austin, TX 78704 |
| D | Spry, Thomas D. Sr | 811 Barton Springs Rd, Suite 300 | Austin, TX 78704 |
| D | Holmes, Craig S. | 811 Barton Springs Rd, Suite 300 | Austin, TX 78704 |
| | | | |

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 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: Craig S. Holmes 11-5-02 (512) 478-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #