PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -2 AM 8:08

DOCUMENT # F02000001389

1. Corporation Name

Creative Health Care Management, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5610 Rowland Road		5610 Rowland Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
100		100	
City & State		City & State	
Hopkins, MN		Hopkins, MN	
Zip	Country	Zip	Country
55343	USA	55343	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
March 19, 2002

5. FEI Number
06-1030888
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Gen Guanci

Street Address (P.O. Box Number is Not Acceptable)
20611 Fruitful Drive

Suite, Apt. #, Etc.

City	State	Zip Code
Estero	FL	33928

300281707823
02/02/16--01016--014 **1208.75

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 _____ Date 1-30-16
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	Mary Koloroutis	5610 Rowland Road, Suite 100	Hopkins, MN 55343
SEC	Debbie Bachel	5610 Rowland Road, Suite 100	Hopkins, MN 55343
CFO	Gary Storm	5610 Rowland Road, Suite 100	Hopkins, MN 55343

REINSTATEMENT-2013-2016

10. **E-mail Address:** gstorm@chcm.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Gary L. Storm, CFO 1-25-16 952-854-9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #