


H05000291343 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03 00000022					
1. Corporation Name Saatchi & Saatchi Healthcare Communications, Inc.					
2. Principal Office Address 375 Hudson Street			3. Mailing Office Address 375 Hudson Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State New York, NY			City & State New York, NY		
Zip 10014	Country USA	Zip 10014	Country USA	4. Date incorporated or Qualified To Do Business in Florida 01/02/03	
5. FEI Number 11-3667159				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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TB 12/23/05
REINSTATEMENT 05

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of Registered Agent *Anne E. Diamond, Asst Sec* Date **12/01/05**

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
C/P/D	Michael Tropicchio	375 Hudson Street	New York, NY 10014
V/T	Richard W. Meehan	79 Madison Avenue	New York, NY 10016
V/AS	Sondra J. Thorson	35 W. Wacker Drive, 20th Floor	Chicago, IL 60601
V/AT/D	Robert S. Westphal	79 Madison Avenue	New York, NY 10016
V/S/D	Steven E. Lewis	375 Hudson Street	New York, NY 10014
A/S	Heidi Young	375 Hudson Street	New York, NY 10014

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)(b), 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: *Sondra J. Thorson* **Sondra J. Thorson** **12/01/05** **(312) 220-6133**

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

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

SAATCHI & SAATCHI HEALTHCARE COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00