1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 23 PM 4:52
SEC. OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

CR2E081 (8/05)

DOCUMENT # F03000003057

1. Corporation Name
SSI COST MANAGEMENT SERVICES, INC.

2. Principal Office Address		3. Mailing Office Address	
8028 Ritchie Highway		8028 Ritchie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 120		Suite 120	
City & State		City & State	
Pasadena, MD		Pasadena, MD	
Zip	Country	Zip	Country
21122	USA	21122	USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/19/2003

5. FEI Number: 77-0328116 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee

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, accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Stacy M. Rosenthal Vice President and Assistant Secretary — Date: 09/23/2005

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
P & D	Michael J. Thomas	8028 Ritchie Highway, Suite 120	Pasadena, MD 21122
CD	Jan Barker	5980 Horton Street, #390	Emeryville, CA 94608
D	Thomas J. Fogarty, MD	3270 Alpine Road	Portola Valley, CA 94028
D	Gwen Watanabe	1001 Bishop Square, Suite 1570	Honolulu, Hawaii 96813
S	Casey J McGlynn	650 Page Mill Road	Palo Alto, CA 94304

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: Michael J. Thomas — Michael J. Thomas — 9/23/05 — 410-590-0443
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

FL510 - 9/14/05 CT System Update

Sep 23 05 11:53a Sleep Solutions, Inc. 410-590-4403 p.2

292

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

SSI COST MANAGEMENT SERVICES, INC.

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