

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
ACT FOR HEALTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # F09000004558

1. Corporation Name

ACT for Health, Inc

2. Principal Office Address - No P.O. Box #

500 E 8TH AVE

Suite, Apt. #, etc.

City & State

DENVER, CO

Zip

80203

Country

USA

3. Mailing Office Address

500 E 8TH AVE

Suite, Apt. #, etc.

City & State

DENVER, CO

Zip

80203

Country

USA

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2008

5. FEI Number

84-1383042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Rd.

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 607.0500 or 617.0603, F.S.

Medi M. Luech

Assistant Secretary

Signature of
Registered Agent

Medi M. Luech

Date 1-5-2012

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	Kevin Vollmer	500 E 8TH AVE	DENVER, CO 80203
PRES	Greg Austin	500 E 8TH AVE	DENVER, CO 80203
CFO	Curtis Fletcher	500 E 8TH AVE	DENVER, CO 80203

REINSTATEMENT

Att 10-12

10. E-mail Address: ginger.dean@procasemanagement.com

(To be used for future annual report notifications)

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:

Curtis Fletcher

1/6/12

Date

(813) 253-7172

Daytime Phone #