

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 MAR -5 PM 3:17

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F10000000722

1. Corporation Name

Averde Health, Inc.

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

90 State House Square

Suite, Apt. #, etc.

City & State

Hartford, CT

Zip

06103

Country

USA

3. Mailing Office Address

90 State House Square

Suite, Apt. #, etc.

City & State

Hartford, CT

Zip

06103

Country

USA

400245376294

CR28081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/2010

5. FEI Number

26-3553140

☐ 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

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 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Valery Colella, Ant. Secretary*

Date 03/05/2013

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	Thomas D. Policelli	4 Country Lane	West Hartford, CT 06107
S/T	Graydon M. Clouse	20 Marshal Street #3	Brookline, MA 02446

**REINSTATEMENT**

MAR 05 2013

R. HUNT

10. E-mail Address: grady@averdehealth.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:

*Graydon M. Clouse* 3/4/2013

617-487-6073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 532382 7716957

AUTHORIZATION :

COST LIMIT : \$ ~~1050.00~~ 900

ORDER DATE : February 14, 2013

ORDER TIME : 10:31 AM

ORDER NO. : 532382-005

CUSTOMER NO: 7716957

REINSTATEMENT

NAME: AVERDE HEALTH, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS

MAR 05 2013

R. HUNT

RECEIVED  
DEPARTMENT OF STATE  
13 MAR -5 PM 1:59