PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 NOV -6 PM 8:48

DOCUMENT # F10000001171

1. Corporation Name

Advantis Healthcare Solutions, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3508 Far West Blvd.,	3508 Far West Blvd.,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
305	305
City & State	City & State
Austin	Austin
Zip / Country	Zip / Country
78731 / USA	78731 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
03/08/2010

5. FEI Number
26-1477419
☐ 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
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

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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: April Hudson- Assistant V.P.
REGISTERED AGENT MUST SIGN
Date: 11/02/2015

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
CFO	Dean Dresser	3508 Far West Blvd., #305	Austin, TX 78731
CEO	Michael Gibson	3508 Far West Blvd., #305	Austin, TX 78731
	REINSTATEMENT	NOV 06 2015	
		R. HUNT	

10. E-mail Address: Terra@doeren.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 that 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: 11/2/15 512-320-8240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #