APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 28 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400005183594--6
-04/02/02--01055--030
******8.75 ******8.75

REINSTATEMENT 98-2002

DOCUMENT # F93000002987

1. Corporation Name
General Healthcare Resources, Inc.

2. Principal Office Address	**3.** Mailing Office Address
3727 S.E. Ocean Blvd	2250 Hickory Road
Suite, Apt #, etc.: Suite 200B	Suite, Apt. #, etc.: Suite 240
City & State: Sewalls Point, FL	City & State: Plymouth Meeting, PA
Zip: 34996 Country: USA	Zip: 19462 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/24/93

5. FEI Number: 23-2720209 ☐ 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: CT Corporation System

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-04/02/02--01055--031
***1350.00 ***1350.00

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 abode named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent: Korri A Behler (REGISTERED AGENT MUST SIGN) KORRI A. BEHLER Special Assistant Secretary Date: 3/27/02

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	John J. Quirk	2250 Hickory Rd, Suite 240	Plymouth Mtg, PA 19462
T/S	Lawrence A. Palmer	404 E. Lancaster Ave	Wayne, PA 19087
V	Theresa M. Smaling	2250 Hickory Rd, Suite 240	Plymouth Mtg, PA 19462
D.	Lawrence J. Kent	404 E. Lancaster Ave	Wayne, PA 19087
D	Maurice D. Kent	404 E. Lancaster Ave	Wayne, PA 19087

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 61 T, 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: Theresa M. Smaling (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 3/26/02 Daytime Phone #: 610-834-1122

FL010 - 09/18/01 C T System Online

CT CORPORATION

CORPORATION(S) NAME

General Healthcare Resources, Inc.

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(X) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/28/02

Order#: 5216805

Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615