. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 30 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00

DOCUMENT # F95000001999

1. Corporation Name
Healthcare Automation, Inc.

2. Principal Office Address	3. Mailing Office Address
2374 Post Road	2121 Precinct Line
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Warwick, RI	City & State: Hurst, TX
Zip: 02886 Country: USA	Zip: 76054 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 04/13/95

5. FEI Number: 05-0466247 ☐ 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

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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Michael E. Jones Assistant Secretary Date: 9/13/02
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
DIR	Ronald L. Jensen	6500 Beltline Road	Irving, TX 75063
DIR/PR	William F. Hackett	2374 Post Road	Warwick, RI 02886
DIR/VP	Jeffrey J. Jensen	6500 Beltline Road	Irving, TX 75063
Sec	Danielle Woodbine	2374 Post Road	Warwick, RI 02886
Treas	William F. Hackett	2374 Post Road	Warwick, RI 02886

10. I certify that I am an officer or director of 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: Jeffrey Jensen/VP 9/16/02 817-426-3893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #