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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

CORPORATION REINSTATEMENT

HEALTH TRANS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$908.75~~

* 308.75

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 26 PM 3:08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001800

1. Corporation Name

HEALTH TRANS, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8923 NW12TH STREET		1800 Phoenix Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 109		Suite 120	
City & State		City & State	
Miami, Florida		Atlanta, Georgia	
Zip	Country	Zip	Country
33126	USA	30349	USA

CR2E051 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/2002

5. FEI Number: 65-0613681 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 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

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Anusha Putty Vice President and Assistant Secretary Date: 2/11/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Craig Norris	1800 Phoenix Blvd. Suite 120	Atlanta, Georgia 30349
S/D/T	Michael Deitch	1800 Phoenix Blvd. Suite 120	Atlanta, Georgia 30349
C/D	Fletcher McCusker	1800 Phoenix Blvd. Suite 120	Atlanta, Georgia 30349
		REINSTATEMENT 08-09 FS	
		2/24/09	

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 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 contained in Chapter 119, 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: Michael Deitch Michael Deitch 2/16/09 520 747 6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #