

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> DEC 29 PM 2:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> F96000005952 1. Corporation Name <p style="text-align: center;">Sunhealth Alliance, Inc.</p>			
Principal Place of Business 12225 El Camino Real San Diego, CA 92130		Mailing Address 1633 Broadway, New York, NY 10019 <i>REINSTATEMENT 1998-2000</i>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country	
4. Date Incorporated or Qualified To Do Business in Florida 11/14/96		5. FEI Number 330694408	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
	See Attachment A		
8. Name and Address of Current Registered Agent CT Corporation System 1200 Pine Island Road Plantation, FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u><i>J. M. Hall</i></u> Date <u>12/30/00</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <u><i>Jane Mallory</i></u> Jane Mallory, Asst. Secretary		Date: <u>3/1/00</u> Daytime Phone #: <u>1212-539-12325</u>	

**Sunhealth Alliance, Inc.**

**Directors:**

Robert W. O'Leary  
Alan Weinstein

Address for all:  
12225 El Camino Real  
San Diego, CA 92130

**Officers:**

Robert W. O'Leary  
Ben W. Latimer  
Alan Weinstein  
Lisa Stein  
Bary G. Bailey  
Jeffrey W Maysent  
Jane E. Mallory

Chairman  
Vice Chairman  
President  
Vice President  
CFO and Treasurer  
Secretary  
Asst. Secretary

**CT CORPORATION SYSTEM**

CORPORATION(S) NAME

Sunhealth Alliance, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name 12/29/00 Order#: 2245370

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

File First

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

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 2 2001  
PM 2:46  
TALLAHASSEE, FL  
SUFFICIENCY OF FILING  
TO AGENT/CLERK  
12/29/00