PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
02 APR 22 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

600005389386--7
-04/30/02--01016--018
****300.00 ****300.00

DOCUMENT # F97000004581

**1.** Corporation Name

Health Personnel Options Corporation

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 8150 Corporate Park Dr. | | 8150 Corporate Park Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 300 | | Suite 300 | |
| City & State | | City & State | |
| Cincinnati, Ohio | | Cincinnati, Ohio | |
| Zip | Country | Zip | Country |
| 45202 | USA | 45202 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 1/10/1997

**5.** FEI Number: 31-1501934 ☐ 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: Susan J. Metze — Susan J. Metze, Assistant Secretary — Date: 4-18-02

REGISTERED AGENT'S NAME & TITLE

CR2E081 (9/01)

**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,S,D | J. William DeVille | 8150 Corporate Park Dr., Suite 300, | Cincinnati, OH 45202 |
| D | Christopher C. Fister | 8150 Corporate Park Dr., Suite 300, | Cincinnati, OH 45202 |
| D | R. Glen Mayfield | 8150 Corporate Park Dr., Suite 300, | Cincinnati, OH 45202 |
| D | Edwin T. Robinson | 8150 Corporate Park Dr., Suite 300, | Cincinnati, OH 45202 |
| V, T | Kenneth Wead | 8150 Corporate Park Dr., Suite 300, | Cincinnati, OH 45202 |
| | | | |

**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 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:** J. William DeVille — J. William DeVille, President — Date: 4/18/02

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

KEATING, MUETHING & KLEKAMP, P.L.L.
ATTORNEYS AT LAW
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E-MAIL: JSTEPHAN@KMKLAW.COM

April 17, 2002

Florida Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Health Personnel Options Corporation

Dear Sir or Madam:

This letter is to request the reinstatement of Health Personnel Options Corporation ("Corporation") in Florida.

Please find enclosed for filing with your office the Corporation's Reinstatement Application Form. The Corporation received no notices for 2001 and respectively requests the waiver of any late fees. Also enclosed is a check in the amount of $300.00 for the required reinstatement fee.

Please file the enclosed accordingly and return evidence of the filing to my attention in the enclosed, self-addressed stamped envelope.

Should you have any questions please contact me at (513) 639-3962. Thank you for your attention to this matter.

Sincerely,

KEATING, MUETHING & KLEKAMP, P.L.L.

By: John Stephan
John M. Stephan