

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>																													
<b>DOCUMENT #</b> <u>F97000006083</u>		<div><b>FILED</b> <b>01 JUL 18 AM 10:19</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b></div> <div style="margin-top: 20px;"><b>200004533992--4</b> -08/14/01--01054--018 ***1050.00 ***1050.00</div>																													
<b>1. Corporation Name</b>  HEALTHWORKS ALLIANCE, INC.																															
<b>2. Principal Office Address</b>  1018 WEST 8TH AVE. <small>Suite, Apt. #, etc.</small>	<b>3. Mailing Office Address</b>  1018 WEST 8TH AVE. <small>Suite, Apt. #, etc.</small>																														
<b>City &amp; State</b>  KING OF PRUSSIA, PA		<b>City &amp; State</b>  KING OF PRUSSIA, PA																													
<b>Zip</b>  19406	<b>Country</b>  USA	<b>Zip</b>  19406	<b>Country</b>  USA																												
<b>7. Name and Address of Current Registered Agent</b>  Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc.  City PLANTATION		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/17/1997																													
		<b>5. FEI Number</b> 51-0305888 <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>																													
<b>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.</b>  Signature of Registered Agent <u><i>Carne Boutilier</i></u> <b>SPECIAL ASSISTANT SECRETARY</b> Date <u>7-16-01</u> <div style="text-align: center;"><b>REGISTERED AGENT MUST SIGN</b></div>		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																													
		<div><b>REINSTATEMENT</b></div> <div style="font-size: 2em; transform: rotate(-15deg);"><i>[Signature]</i></div>																													
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>																															
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>CEO</td><td>PAIER, ADOLF A</td><td>1018 W. 8TH AVE.</td><td>KING OF PRUSSIA, PA 19406</td></tr><tr><td>P</td><td>TRIBBETT, DAVID W</td><td>1018 W. 8TH AVE.</td><td>KING OF PRUSSIA, PA 19406</td></tr><tr><td>V</td><td>HARKINS, PATRICK</td><td>1018 W. 8TH AVE.</td><td>KING OF PRUSSIA, PA 19406</td></tr><tr><td>V</td><td>HALL, JOAN</td><td>1018 W. 8TH AVE.</td><td>KING OF PRUSSIA, PA 19406</td></tr><tr><td>V</td><td>DARNELL, JOHN</td><td>1018 W. 8TH AVE.</td><td>KING OF PRUSSIA, PA 19406</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	CEO	PAIER, ADOLF A	1018 W. 8TH AVE.	KING OF PRUSSIA, PA 19406	P	TRIBBETT, DAVID W	1018 W. 8TH AVE.	KING OF PRUSSIA, PA 19406	V	HARKINS, PATRICK	1018 W. 8TH AVE.	KING OF PRUSSIA, PA 19406	V	HALL, JOAN	1018 W. 8TH AVE.	KING OF PRUSSIA, PA 19406	V	DARNELL, JOHN	1018 W. 8TH AVE.	KING OF PRUSSIA, PA 19406				
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<b>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.</b>																															
<b>SIGNATURE:</b> <u><i>Adolf A. Paier</i></u> <b>ADOLF A. PAIER CEO</b> <u>7/2/01</u> <u>610/354-0900</u> <div style="display: flex; justify-content: space-between;"><span><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b></span><span><b>Date</b></span><span><b>Daytime Phone #</b></span></div>																															

CR2E081 (9/99)