

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **F98000006638**
1. Corporation Name
NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.

| | |
|--|--|
| Principal Place of Business 26 HARBOUR PARK DRIVE PORT WASHINGTON NY 11050 | Mailing Address 26 HARBOUR PARK DRIVE PORT WASHINGTON NY 11050 |
|--|--|

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|--|---------|--|---------|
| 2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip | Country | 3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip | Country |
|--|---------|--|---------|

4. Date Incorporated or Qualified To Do Business in Florida **12/07/1996**

5. FEI Number **11-2581812** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|-------------------------------------|--|--------------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
| PD | BRODSKY, BERT E | 26 HARBOR PARK DRIVE | PORT WASHINGTON NY 11050 |
| EV EV | PORTNEY, LINDA | 26 HARBOR PARK DRIVE | PORT WASHINGTON NY 11050 |
| GO SD VQ | SHAPIRO, GERALD | 26 HARBOR PARK DRIVE | PORT WASHINGTON NY 11050 |
| T | DENARO, BARRY | 26 HARBOR PARK DRIVE | PORT WASHINGTON NY 11050 |
| EV | CASALE, MARY T | 26 HARBOR PARK DRIVE | PORT WASHINGTON NY 11050 |
| D | ANGOWITZ, GERALD T | 1301 AVENUE OF THE AMERICAS | NEW YORK NY 10019 |

8. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent
Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
Suite, Apt. #, Etc.
City **TALLAHASSEE** State **FL** Zip Code **32301**

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 *Kawa R. Purdy* REGISTERED AGENT MUST SIGN Date **11-1-99**

11. 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: *M. J. O'Rourke* **OCTOBER 21, 1999** Date Daytime Phone # **AD**

CP22546 (8/99)



ACCOUNT NO. : 072100000032

REFERENCE : 434070 4324403

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 750

ORDER DATE : October 26, 1999

ORDER TIME : 5:07 PM

ORDER NO. : 434070-060

CUSTOMER NO: 4324403

CUSTOMER: Ms. Barbara A. Dale
SANDATA, INC.
SANDATA, INC.
26 Harbor Park Drive

Port Washington, NY 11050

DOMESTIC FILING

NAME: NATIONAL MEDICAL HEALTH CARD
SYSTEMS, INC.

EFFECTIVE DATE: 11-01-99

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____