

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

12/07/1998

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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 VO	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

Kama R. Puri
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. G. O'Rourke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCTOBER 21, 1999

Daytime Phone #

AD



THE UNITED STATES
CORPORATION
COMPANY

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: _____