PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000774

1. Corporation Name
American Health and Dict Centers, Inc

REINSTATEMENT 0910

2. Principal Office Address	3. Mailing Office Address
8 Henderson Drive	8 Henderson Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Caldwell, NJ	City & State: West Caldwell, N.J.
Zip: 07006 Country:	Zip: 07006 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 12/14/1998

5. FEI Number: None — Applied / ☑ Not Appl

6. CERTIFICATE OF STATUS DESIRED ☐ ($ 75 Additional for Certified Copy)

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

300003514443--2
-12/27/00--01061--010
****900.00 ****500.00

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: X Judith S. Blanchett Date: 12/21/00

REGISTERED AGENT MUST SIGN

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
PC	Keith Frankel	8 Henderson Drive	West Caldwell N.J. 07006
D	Mason Goodman	"	"
S	Scott Yagoda	"	"
			LS

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.

973-439-1200

SIGNATURE: X Jay Martin Reynolds C.O.O. 12/20/00

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