PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000006442

1. Corporation Name

HealthCentersOnline, Inc.

REINSTATEMENT 0607

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1 S. OCEAN BLVD	C/O MARICELA S. MOZQUEDA 100 UNIVERSAL CITY
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. 1280/6
City & State BOCA RATON, FL	City & State UNIVERSAL CITY, CA
Zip / Country 33432 / USA	Zip / Country 91608 / USA

4. Date Incorporated or Qualified To Do Business in Florida 12/14/1999

5. FEI Number 22-3693405 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: C T 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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____

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
Director	Lynn A. Calpeter	30 Rockefeller Plaza	New York, NY 10112
Director	Richard Cotton	30 Rockefeller Plaza	New York, NY 10112
President	Deborah Fine	500 Seventh Ave, 14th Floor	New York, NY 10018
Treasurer	Lynn A. Calpeter	30 Rockefeller Plaza	New York, NY 10112
Secretary	Richard Cotton	30 Rockefeller Plaza	New York, NY 10112
Assistant Secretary	Maricela S. Mozqueda	100 Universal City Plaza	Universal City, CA 91608

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 contained in Chapter 119, 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: _____ Maricela S. Mozqueda, Assistant Secretary 7/5/2007 818-777-9872

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

TOTAL P.01

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

HEALTHCENTERSONLINE, INC.

Certificate of Status	1
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