PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 17 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75727

1. Corporation Name
Multi-Health Corp.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 9221 E Via de Ventura | 9221 E Via de Ventura |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Scottsdale, AZ | City & State: Scottsdale, AZ |
| Zip: 85258 Country: USA | Zip: 85258 Country: USA |

CR2E031 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 6/3/1987

5. FEI Number: 592814574 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Numbers Are Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: [signature] Date: 10/17/06

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 |
|---|---|---|---|
| P/D | Jack E. Brucker | 9221 E Via de Ventura | Scottsdale, AZ 85258 |
| T/S/D | Kristine A. Belan-Ponczak | 9221 E Via de Ventura | Scottsdale, AZ 85258 |
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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 all signatures shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 10/16/06

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

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# Florida Department of State
Division of Corporations
Public Access System

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## CORPORATION REINSTATEMENT

### MULTI-HEALTH CORP.

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