

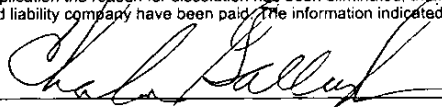


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 07 MAY 22 PM 2:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>800103593498</b> 05/31/07--01014--005 **105.00  CR2E041 (1/07)	
<b>DOCUMENT # L05000002415</b>				
<b>1. Limited Liability Company's Name</b>  Alternative Dispute Resolution MHP Services, LLC				
<b>2. Principal Office Address - No P.O. Box #</b> 2958 Wellington Circle North		<b>3. Mailing Office Address</b> 2958 Wellington Circle North		
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100		
City & State Tallahassee, Florida		City & State Tallahassee, Florida		
Zip 32309	Country USA	Zip 32309	Country USA	
<b>4. State/Country of Formation</b> Florida/USA		<b>5. Date Organized or Qualified To Do Business in Florida</b> 01/07/2005		
<b>6. FEI Number</b> 56-2528142		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>		
<b>8. Name and Address of Current Registered Agent</b>				
Name David D. Eastman				
Street Address (P.O. Box Number is Not Acceptable) 2155 Delta Boulevard				
Suite, Apt. #, Etc. Suite 210-B				
City Tallahassee		State FL	Zip Code 32303	
<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b>				
Signature of Registered Agent 		Date May 10, 2007		
REGISTERED AGENT MUST SIGN				
<b>10. Names and Street Addresses of Managing Members/Managers</b>				
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	
MGRM	James Dale	2155 Delta Boulevard Suite 210-B	Tallahassee, FL 32303	
MGRM	Charlie Gallagher	2155 Delta Boulevard Suite 210-B	Tallahassee, FL 32303	
<b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>				
Signature of Managing Member/Manager 		Date May 10, 2007		
Typed or printed name of signing Managing Member/Manager Charlie Gallagher		Daytime Phone # (772) 873-4995		