FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JUN -2 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200156333552
05/25/09--01001--017 **516.25

CR2E041 (10/05)

DOCUMENT # 106000000290

1. Limited Liability Company's Name
Healthsavers,LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2402 Antigua Circle		1717 Bosley Road	
Suite, Apt. #, etc. #H-2		Suite, Apt. #, etc.	
City & State Coconut Creek, FL		City & State Vienna, VA	
Zip 33066	Country US	Zip 22162	Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 01/02/2006

6. FEI Number: 22-3919558 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Spiegel & Utera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22nd Street
Suite, Apt. #, Etc.: 4th Floor
City: Miami, State: FL Zip Code: 33145

☐ A $100 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 $100 reinstatement be waived.

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.

Signature of Registered Agent: Natalia Utera, Esq. Vice President — Date 5/11/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Patricia Stranahan	2402 Antigua Circle, Apt H-2	Coconut Creek, FL 33066
MGRM	Arline Brecher	2402 Antigua Circle, Apt H-2	Coconut Creek, FL 33066
ST	Fred Long	2402 Antigua Circle, Apt H-2	Coconut Creek, FL 33066

REINSTATEMENT 07-09 AL

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 608.408, 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.

Signature of Managing Member/Manager: _____ Date 04/29/2009 Daytime Phone # 703-938-4868

Typed or printed name of signing Managing Member/Manager: Patricia Stranahan, MGR