

OCT. 20. 2008 9:10AM

C S C

NO. 151

P. 2

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38116

1. Corporation Name

Healthinfusion, Inc.

2. Principal Office Address - No P.O. Box #

1675 Broadway

3. Mailing Office Address

1675 Broadway

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 900

City & State

Denver, CO

City & State

Denver, CO

Zip

80202

Country

USA

Zip

80202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/22/19895. FEI Number
65-0163627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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 AgentJeanine Reynolds
as its agent

Date 10/17/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Robert T. Allen	1675 Broadway, Suite 900	Denver, CO 80202
Dir.	Vito Ponzio, Jr.	1675 Broadway, Suite 900	Denver, CO 80202

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:

Vito Ponzio, Jr.

10/17/208

303-292-4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell OCT 20 2008

2082

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000238944 3)))



H080002389443ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

JAG

CORPORATION REINSTATEMENT

HEALTHINFUSION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

Electronic Filing Menu

Corporate Filing Menu

Help