PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 27 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L70117

1. Corporation Name

APERIO HEALTH PARTNERS, INC.

Principal Place of Business	Mailing Address
1500 NE Miami Gardens Dr. Suite 403 N. Miami Beach, FL 33179	1500 NE Miami Gardens Dr. Suite 403 N. Miami Beach, FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3325 Hollywood Blvd.
Suite, Apt. #, etc.
Suite 500
City & State
Hollywood, Florida
Zip 33021 Country USA

3. New Mailing Office Address, If Applicable
3325 Hollywood Blvd.
Suite, Apt. #, etc.
Suite 500
City & State
Hollywood, Florida
Zip 33021 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0218222
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/VP/S	LEONARD I. WEINSTEIN	3325 Hollywood Boulevard Suite 500	Hollywood, Florida 33021

500002503995---4
-04/28/98--01120--009
****900.00 ****900.00

REINSTATEMENT 97-98

4-27-98

8. Name and Address of Current Registered Agent

ROBERT A. GEISS
1500 N.E. MIAMI GARDENS DRIVE
SUITE 403
N. MIAMI BEACH, FLORIDA 33179

9. Name and Address of New Registered Agent

Name
LEONARD I. WEINSTEIN
Street Address (P.O. Box Number is Not Acceptable)
3325 HOLLYWOOD BLVD.
Suite, Apt. #, Etc.
500
City HOLLYWOOD State FL Zip Code 33021

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X [signature]
REGISTERED AGENT MUST SIGN
Date 4/23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD I. WEINSTEIN 4/23/98 (954) 987-2995
Date Daytime Phone #