

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000873**

NATIONAL HEALTHNET INFORMATION SYSTEMS, L.C.

~~1150 Lowry Street~~
~~Delray Beach, Florida 33483~~

9/29/00

1a. Principal Place of Business Address

5635 South Highway 1A, Suite 602
Melbourne Beach, FL 32951

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
5635 South Highway 1A		5635 South Highway 1A		06/24/98	Florida
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input type="checkbox"/> Applied For	
Suite 602		Suite 602		-65-0846649 <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Date of Last Report	
Melbourne Beach, FL		Melbourne Beach, FL		2/24/99	
Zip	Country	Zip	Country	6. Certificate of Status Desired	
32951	USA	32951	USA	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
Gary B. Frese Frese, Nash & Hansen, P.A. 930 S. Harbor City Blvd., Suite 505 Melbourne, Florida 32901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code	
		FL	

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 *[Signature]* Date 3/5/01

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Hal S. Gettings	5635 South Highway 1A Suite 602	Melbourne Beach, FL 32951

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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.

Signature of Managing Member/Manager *[Signature]* Date 2-20-01 Daytime Phone # 321/409-9331

Typed or printed name of signing Managing Member/Manager Hal S. Gettings