PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP -3 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
M08000004867
HealthPlanCRM, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
71 Lighthouse Road	71 Lighthouse Road
Suite, Apt. #, etc.: Suite 230	Suite, Apt. #, etc.: Suite 230
City & State: Hilton Head, SC	City & State: Hilton Head, SC
Zip: 29928 Country:	Zip: 29928 Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 3/1/2009

6. FEI Number: 2095642179 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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09/03/14--01014--008 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent April Wittenwyler Ast. Secretary Date 8/26/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
COO	Patrick Phillips	71 Lighthouse Road, Suite 230	Hilton Head, SC 29928
Pres	Christopher Lytle	825 Third Avenue, 33rd Floor	NY, NY 10022
Acct	Amy Farber	71 Lighthouse Road, Suite 230	Hilton Head, SC 29928

11. E-mail Address: billing@cavulus.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Amy Farber Date 8/26/14 Daytime Phone # 800-760-6915

Typed or printed name of signing Authorized Representative/Manager Amy Farber

RG 9/4/14