## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

HEALTHNET DATA LINK, INC.

Principal Place of Business

Mailing Address

3106 COMMERCE PARKWAY MIRAMAR FL 33025

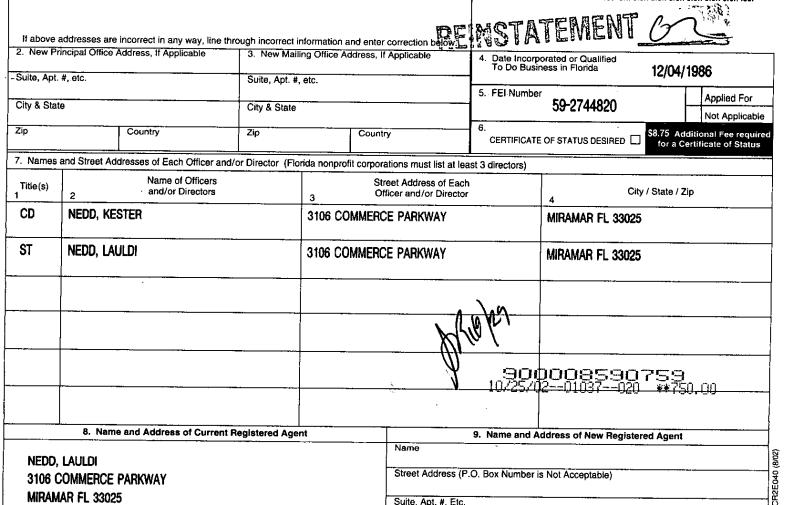
3106 COMMERCE PARKWAY

MIRAMAR FL 33025

FILED

02 OCT 25 AMII: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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. or 617.0505, F.S.

Signature of Registered Agent

3106 COMMERCE PARKWAY

MIRAMAR FL 33025

REGISTERED AGENT MUST

State

Zip Code

11. 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.

Suite, Apt. #, Etc.

SIGNATURE:

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