PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 12 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000632

100120116551
03/12/08--01034--010 **306.25

REINSTATEMENT 05-08 KS

CR2E081 (12/07)

1. Corporation Name
Health Information Research, Inc
(501C3 NON PROFIT)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
11911 US Hiwy ONE	Same
Suite, Apt. #, etc. c/o ENBP BLDNG	Suite, Apt. #, etc.
City & State N. Palm Beach, FL	City & State
Zip 334508 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Jan 22, 2002

5. FEI Number 020542526 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DAVID S. MOST

Street Address (P.O. Box Number is Not Acceptable): 1 Turtle Creek Dr.

Suite, Apt. #, Etc.: APT A

City: TEQUESTA State: FL Zip Code: 33469

☒ 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 Agent: David S Most — Date: MARCH 6, 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	MS Nancy Farry	110 Mocking Bird Lane	Palm Beach, FL 33480
Dir	Ms. Mary Lane	211 Elbow Lane	Haverford, PA 19041
Dir.	Ms. S. F. Most	1 Turtle Creek Dr-A	Tequesta, FL 33469
Exec Dir.	Dr. David S Most	1 Turtle Creek Dr. -A.	Tequesta, FL 33469

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: David S Most DAVID S MOST MAR 10, 2008 561-776-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #