PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 21 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000004539

1. Corporation Name
District 11 Community Health Purchasing Alliance, Inc.

2. Principal Office Address	3. Mailing Office Address
500 N.W. 165th St Rd.	500 N.W. 165th St Rd.
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. #101
City & State Miami, FL	City & State Miami, FL
Zip 33169 Country US	Zip 33169 Country US

4. Date Incorporated or Qualified To Do Business in Florida 10/05/93

5. FEI Number 650443881 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alfredo R. Cortes, Jr.
Street Address (P.O. Box Number is Not Acceptable): 500 N.W. 165th St. Rd.
Suite, Apt. #, Etc.: 101
City: Miami State: FL Zip Code: 33169

REINSTATEMENT 2000

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: Alfredo R. Cortes Jr. Date: 3-20-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
C/D	Cynthia Hall	2929 S.W. 3rd Ave	Miami, Fl 33129
T/D	Alan Greenfield	2600 Dou	Coral Gables, FL 33134
ED	Alfredo R. Cortes, Jr.	500 N.W. 165th St. Rd	Miami, Fl 33169
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			****306.25 ****306.25

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 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: Alfredo R. Cortes Jr. 3/20/01 305-343-2064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #