Katie Wonsch NRAI850-224-1640 (2/2) 12/08/2010 02:38:14 PM -0500

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 DEC -8 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000004971

1. Corporation Name
TechHealth.com Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14025 Riveredge Dr.		14025 Riveredge Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400	
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip	Country	Zip	Country
33637	US	33637	US

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 8/16/1999

5. FEI Number 59-3625712 ☑ 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: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

REINSTATEMENT

RH

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: Katie Wonsch, Asst. Sec. Date: 12/8/2010

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
CEO	Thomas R. Sweet	14025 Riveredge Dr.,Ste400	Tampa, FL 33637
SEC.	Bridgette Summers	14025 Riveredge Dr.,Ste400	Tampa, FL 33637
CFO	Michael Schopke	14025 Riveredge Dr.,Ste400	Tampa, FL 33637
DIR.	Thomas R. Sweet	14025 Riveredge Dr.,Ste400	Tampa, FL 33637
DIR.	Peter D. Kiernan III	14025 Riveredge Dr.,Ste400	Tampa, FL 33637
DIR.	Leonard Kleinrock	14025 Riveredge Dr.,Ste400	Tampa, FL 33637

10. E-mail Address: thalia.bryce@techhealth.com
(To be used for future annual report notification)

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. I further certify, 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: Bridgette Summers Bridgette Summers 12/8/10 H10000263919 3 850.510[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

TECHHEALTH.COM, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$900.00

RH

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