PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 AM 11:24

DOCUMENT # P00000022375

1. Corporation Name

VERTICAL HEALTH SOLUTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~12505 STARKEY ROAD, SUITE A~~<br>~~LARGO FL 33773~~ | ~~12505 STARKEY ROAD, SUITE A~~<br>~~LARGO FL 33773~~ |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

05-15-01 90100 027 $150.00

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 6925 112th Circle N. | 6925 112th Circle N. |
| Suite, Apt. #, etc.: Ste. 102 | Suite, Apt. #, etc.: Ste. 102 |
| City & State: Largo FL | City & State: Largo FL 33773 |
| Zip: 33773 Country: Pinellas | Zip: 33773 Country: Pinellas |

4. Date Incorporated or Qualified To Do Business in Florida: 03/03/2000

5. FEI Number: 59-3635262 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| D | WATTERS, ~~DOUGLAS~~ STEPHEN | ~~12505 STARKEY RD, STE A~~<br>6925 112th Circle N.<br>Ste. 102 | LARGO FL 33773 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ESQUIVEL, JULIO C ESQ.
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/24/01
REGISTERED AGENT MUST SIGN

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.

**SIGNATURE:** SIGNATURE REQUIRED — 10-15-01 — 727-548-8345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO: FLORIDA DEPARTMENT OF STATE

FROM: VERTICAL HEALTH SOLUTIONS, INC.

DATE: October 22, 2001

PLEASE NOTE THAT WE NEVER RECEIVED ANY NOTICE OF DISSOLVING/REVOKING OUR INCORPORATION DUE TO OUR OFFICE LOCATION MOVE. ALSO, PLEASE WAIVE DEPOSIT AS A $150 WAS SENT TO THE DEPARTMENT OF STATE OF FLORIDA AND CASHED.

ANY QUESTIONS, PLEASE CALL STEVE WATTERS @ 727-548-8345 EXT. 222 -AT-VERTICAL HEALTH-SOLUTIONS, INC.

THANK YOU,

STEPHEN WATTERS