
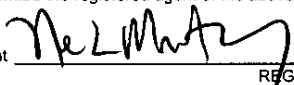



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 DEC -5 PM 10:21 STATE CLERK
DOCUMENT # P0000060355			
1. Corporation Name HealthSoft Applications, Inc			
2. Principal Office Address 3830 S. Florida Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3830 S. Florida Avenue Suite, Apt. #, etc.	
City & State Lakeland, Florida		City & State Lakeland, Florida	
Zip 33813	Country USA	Zip 33813	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 06/16/2000	
		5. FEI Number 20-3613876	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Martinez, Nick L.			
Street Address (P.O. Box Number is Not Acceptable) 456 West Davis Island Blvd.			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33603
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 		Date 10/13/05	
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
P	Siegfried K Holz	3830 S. Florida Avenue	Lakeland, FL 33813
REINSTATEMENT 01-05 100061912081 12/05/05-01/05/06 **1350.00			
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: 		SIEGFRIED K. HOLZ	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>