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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060355

1. Corporation Name

HealthSoft Applications, Inc

2. Principal Office Address		**3.** Mailing Office Address	
3830 S. Florida Avenue		3830 S. Florida Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lakeland, Florida		Lakeland, Florida	
Zip	Country	Zip	Country
33813	USA	33813	USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 06/16/2000

5. FEI Number 20-3613876 ☑ 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: 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: Nick L Martinez 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
		100061912081 12/05/05--01052--024 **350.00	
		REINSTATEMENT 6	

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 SIEGFRIED K. HOLZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams DEC - 5 2005