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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (8/05)

DOCUMENT # P04000166322

1. Corporation Name

MEDContact, Inc.

2. Principal Office Address		3. Mailing Office Address	
13737 Noel Road		13737 Noel Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 100		Suite 100	
City & State		City & State	
Dallas, Texas		Dallas, Texas	
Zip	Country	Zip	Country
75240	USA	75240	USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/10/2004

5. FEI Number: 20-2119632 ☐ 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: c/o CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Connie Bryan Special Asst. Secretary — REGISTERED AGENT MUST SIGN — Date: 10/26/05

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
Dir.	Caitlin Larsen	13737 Noel Road, Suite 100	Dallas, Texas 75240
Pres.	Don S. Steigman	500 W. Cypress Creek Rd, #700	Ft. Lauderdale, FL 33309
VP.	Craig C. Armin	11620 Wilshire Blvd.	Los Angeles, CA 90025
Tres.	Jeffrey S. Sherman	13737 Noel Road, Suite 100	Dallas, Texas 75240
Sec.	Caitlin Larsen	13737 Noel Road, Suite 100	Dallas, Texas 75240

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: Caitlin Larsen — 10/25/05 — 469.893.2000

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

Caitlin Larsen, Sole Director

FL019 - 8/14/05 C T System Online

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

MEDCONTACT, INC.

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