Pmc 602

H13000103466

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
13 MAY -7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000105517

1. Corporation Name

Simply Better Healthcare, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1701 Ponce de Leon Blvd		1701 Ponce de Leon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Coral Gables, Florida		Coral Gables, Florida	
Zip	Country	Zip	Country
33134	USA	33134	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/2011

5. FEI Number: 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: Corporate Creations Network, Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road

Suite, Apt. #, etc.: #221E

City	State	Zip Code
Palm Beach Gardens	FL	33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Corporate Creations Network, Inc., as Registered Agent
Jessica Morales, Special Secretary

Signature of Registered Agent _____ Date 05/07/2013

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Marcio Cabrera	1701 Ponce de Leon Blvd, Suite 300	Coral Gables, Florida 33134
S	Holly Prince	1701 Ponce de Leon Blvd, Suite 300	Coral Gables, Florida 33134

REINSTATEMENT 12-13

MAY 07 2013
T. SCOTT

10. E-mail Address: martin.burkett@akerman.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Marcio Cabrera, President — MARCIO CABRERA — 5/2/13 — 305-408-5700

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

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
        Account Name    : CORPORATE CREATIONS INTERNATIONAL INC.
        Account Number  : 110432003053
        Phone           : (561)694-8107
        Fax Number      : (561)694-1639
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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
SIMPLY BETTER HEALTHCARE, INC.

Certificate of Status	0
Certified Copy	01
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Estimated Charge	$900.00

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