Doc 62

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

CR2E001 (11/10)

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

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 Certified Copy)

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: Palm Beach Gardens | State: FL | Zip Code: 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.

Signature of Registered Agent: Corporate Creations Network, Inc., as Registered Agent — Jessica Morales, Special Secretary — 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 of 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

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CORPORATION REINSTATEMENT

SIMPLY BETTER HEALTHCARE, INC.

Certificate of Status	0
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