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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

DOCUMENT # P13077

1. Corporation Name

MTS MEDICATION TECHNOLOGIES, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2003 Gandy Boulevard	2003 Gandy Boulevard
Suite 800	Suite 800
St. Petersburg	St. Petersburg
33702	33702

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $30.00 Amount required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

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

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 617.0303, F.S.

Signature of Registered Agent: [signature] — Date: 10/28/2014

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
Director	Robin Selm	2003 Gandy Boulevard, Suite 800	St. Petersburg, FL - 33702
Director	Dan Johnston	2003 Gandy Boulevard, Suite 800	St. Petersburg, FL - 33702
Officer	Nhat Ngo	2003 Gandy Boulevard, Suite 800	St. Petersburg, FL - 33702
Officer	Robin Selm	2003 Gandy Boulevard, Suite 800	St. Petersburg, FL - 33702
Officer	Dan Johnston	2003 Gandy Boulevard, Suite 800	St. Petersburg, FL - 33702
Officer	James M. Conroy	2003 Gandy Boulevard, Suite 800	St. Petersburg, FL - 33702

10. E-mail Address: _____
(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 any 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: [signature] James Conroy — 10/22/14

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

RS 10/28/14

Division of Corporations

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TALLAHASSEE, FLORIDA

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Division of Corporations
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CORPORATION REINSTATEMENT
MTS MEDICATION TECHNOLOGIES, INC.

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