

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25866**

1. Corporation Name

HEALTH EXAMINETICS, INC.

600003493126--5
-12/11/00--01029--009
***1050.00 ***1050.00

2. Principal Office Address

10920 VIA FRONTERA

Suite, Apt. #, etc.

City & State

SAN DIEGO CA

Zip

92127

Country

USA

3. Mailing Office Address

10920 VIA FRONTERA

Suite, Apt. #, etc.

City & State

SAN DIEGO CA

Zip

92127

Country

USA

REINSTATEMENT 98-100

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/89

5. FEI Number

22-2958635

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

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

Ann J. Williams

ANN J. WILLIAMS
Assistant Vice President

Date

10/31/00

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	PETER HOTZ	1489 BALTIMORE PIKE	SPRINGFIELD, PA, 19064
S	STANLEY MUSAL	1489 BALTIMORE PIKE	SPRINGFIELD, PA, 19064
V	PATRICIA ROSSMAN	10920 VIA FRONTERA	SAN DIEGO, CA 92127
			11LS

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:

Stanley T. Musal

STANLEY T. MUSAL, SECRETARY

Date

10/27/00

Daytime Phone #

610 454 7344

BT 104