PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 AUG -8 AM 9:28

DOCUMENT # P94000047796

1. Corporation Name

Health Business Systems, Inc.

000185169630
09/08/10--01030--003 **3000.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2441 Warrenville Road		2441 Warrenville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 610		Suite 610	
City & State		City & State	
Lisle, IL		Lisle, IL	
Zip	Country	Zip	Country
60532-3642	USA	60532-3642	USA

4. Date Incorporated or Qualified To Do Business in Florida 06/27/1994

5. FEI Number 23-2171049 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Charge 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

9510 TS 9/9/10

REINSTATE

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: Laura Broderick — Laura Broderick, Assistant Secretary — Date 8/24/2010

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
CEO & P	Mark Thierer	2441 Warrenville Road - Suite 610	Lisle, IL 60532-3642
CFO, Se	Jeffrey Park	2441 Warrenville Road - Suite 610	Lisle, IL 60532-3642
Director	Mark Thierer	2441 Warrenville Road - Suite 610	Lisle, IL 60532-3642
Director	Jeffrey Park	2441 Warrenville Road - Suite 610	Lisle, IL 60532-3642

10. **E-mail Address:** frank.rowinski@sxc.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., 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.

SIGNATURE: 630-577-4683

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

FL010 - 06/03/2010 C T System Online