

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 30 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

997000001242

DOCUMENT #

1. Corporation Name

Conduit Healthcare Solutions  
Inc.

2. Principal Office Address

3. Mailing Office Address

1011 Maitland Center Com P. O. Box 940430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Maitland FL

Maitland FL

Zip

Country

Zip

Country

32751

USA

32794

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/2/1997

5. FEI Number

54-3424175

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

RANDOLPH TUCKER

Street Address (P.O. Box Number is Not Acceptable)

1000 Winderly Place

Suite, Apt. #, Etc.

#142

City

Maitland

State

FL

Zip Code

32751

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

*Randolph Tucker*

Date

4-18-2002

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	Dale Grogan	1000 Winderly Pl. #142	Maitland FL 32751
Secretary	Randolph Tucker	1000 Winderly Pl. #142	Maitland FL 32751

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:

*Dale Grogan*

DALE GROGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2002

Date

(407)838-0400

Daytime Phone #

129

CR2E081 (9/01)