PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
98 OCT 26 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037083

1. Corporation Name

HEALTHCARE ATLANTIC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2333 PONCE DE LEON BLVD.<br>CORAL GABLES, FL<br>33134 | 2333 PONCE DE LEON BLVD.<br>CORAL GABLES, FL<br>33134 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

| 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 25, 1997

5. FEI Number: 650760298 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| D | MICHAEL B. FERNANDEZ | 2333 PONCE DE LEON BLVD. | CORAL GABLES, FL 33134 |
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| | | | |
| | | | |

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REINSTATEMENT 9C B 10/26

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State FL / Zip Code |

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Karen B. Rozar — Karen B. Rozar, Asst. Sec. Corporation Service Company — Date: 10/26/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ 10-23-98 305 441 9400

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

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 008364 4303929

AUTHORIZATION :

COST LIMIT : ~~$ 589.75~~ 758.

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ORDER DATE : October 26, 1998

ORDER TIME : 10:08 AM

ORDER NO. : 008364-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Yolanda Rodriguez
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

RECEIVED
98 OCT 26 AM 10:41
DIVISION OF CORPORATION

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DOMESTIC FILINGS

NAME: HEALTHCARE ATLANTIC, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS B- 10/26