

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000010543 3)))



H120000105433ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
ACT FOR HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 JAN 12 PM 2:13

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F09000004558

1. Corporation Name ACT for Health, Inc

2. Principal Office Address - No P.O. Box # 500 E 8TH AVE

3. Mailing Office Address 500 E 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State DENVER, CO

City & State DENVER, CO

Zip 80203

Country USA

Zip 80203

Country USA

CR28081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 10/20/2008

5. FEI Number 84-1383042

Accepted For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$3.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. 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 607.0500 or 617.0603, F.S.

Signature of Registered Agent Heidi M. Luesch Assistant Secretary REGISTERED AGENT MUST SIGN

Date 1-5-2012

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

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include CEO Kevin Vollmer, PRES Greg Austin, CFO Curtis Fletcher.

REINSTATEMENT

Att 10-12

10. E-mail Address: ginger.dean@procasemanagement.com

(To be used for future annual report notifications)

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 cause of 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 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: Curtis Fletcher Date 1/6/12 Daytime Phone # (904) 253-7172