

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****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
SOLERA INTEGRATED MEDICAL SOLUTIONS, INC.**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$1,508.75


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000001103

1. Corporation Name
Solera Integrated Medical Solutions, Inc.

2. Principal Office Address - No P.O. Box # 15030 Avenue of Science		3. Mailing Office Address 15030 Avenue of Science	
Suite, Apt. #, etc. Ste 100		Suite, Apt. #, etc. Ste 100	
City & State San Diego		City & State San Diego	
Zip CA	Country 92128	Zip CA	Country 92128

REINSTATEMENT 06-11

CR2E011 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 03/01/2000	
5. FFI Number 52-1558967	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

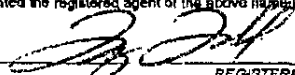
Suite, Apt. #, Etc.

City
Florida

State
FL

Zip Code
32301

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  **Troy Todd**
as his agent

Date 11/15/2011

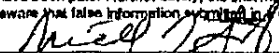
REGISTERED AGENT MUST SIGN

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
Pres.	Tony Aquila	7 Village Circle, Ste 100	Westlake, TX 76262
VP	Mitch Greenhill	15030 Avenue of Science, Ste 100	San Diego, CA 92128
Sec.	Jason Brady	7 Village Circle, Ste 100	Westlake, TX 76262
Treas.	Renato Giger	7 Village Circle, Ste 100	Westlake, TX 76262
Dir.	Tony Aquila	7 Village Circle, Ste 100	Westlake, TX 76262

10. E-mail Address: _____
(To be used for future annual report notification)

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 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. 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:  Mitch Greenhill, Vice President

Date 11/17/11 (858) 748-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/11