PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
97 APR -9 AM 11:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000058787**

1. Corporation Name

ECLIPSE HEALTHCARE, INC.

Principal Place of Business	Mailing Address
7020 CHIPPEWA ST. ST. LOUIS MO 63119	% MAT MADISON TURNER 9939 GRAVOIS RD. ST. LOUIS MO 63123

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

REINSTATEMENT 00 96-97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	150 N. Meramec Suite, Apt. #, etc. 5th Floor
City & State	City & State Clayton, Missouri
Zip / Country	Zip / Country 63105

4. Date Incorporated or Qualified To Do Business in Florida: 08/18/1993

5. FEI Number: 59-3196515 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	SERAFIN, KATHLEEN	7020 CHIPPEWA ST.	ST. LOUIS MO 63119

000002139540--5
-04/10/97--01086--009
****915.00 ****915.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

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: SEE ATTACHMENT Date: _____
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 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: Kathleen Serafin 3/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000447 AE

ACCEPTANCE OF APPOINTMENT

RE: **ECLIPSE HEALTHCARE, INC. (FL DOM)**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: March 7, 1997

C T CORPORATION SYSTEM

By _____

Jonathan L. Miles,
Assistant Secretary