PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 17 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748142**

1. Corporation Name

HEALTH RESOURCE ALLIANCE OF PASCO, INC.

Principal Place of Business	Mailing Address
~~13520 17 ST~~ 37946 Church Ave. DADE CITY FL 33525 US	PO BOX 2305 DADE CITY FL 33526-2305 US

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

REINSTATEMENT 50

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
37946 Church Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Dade City, FL	
City & State	City & State
Zip: 33525 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/20/1979

5. FEI Number: 59-1964612 ☐ 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 3	City / State / Zip 4
P	MELANCON, RONALD	~~13520 17TH ST~~ 37946 Church Ave.	DADE CITY FL 33525
VCD	MORRIS, DIANE	7530 LITTLE ROAD	NEW PORT RICHEY FL 34654
TD	~~KERBS, JOHN~~ Jones, Sandra	~~13520 17TH STREET~~ 13981 Paradise Lane	DADE CITY FL 33525
CD	ELDER, MARY	3274 BARTH ROAD	DADE CITY FL 33525
S	WEEKS, LUANNE	14133 19TH CT	DADE CITY FL 33525
			100003433331--6 -10/20/00--01078--007 ****245.00 ****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MELANCON, RONALD A. ~~13520 17TH ST.~~ DADE CITY FL 33525	Name Street Address (P.O. Number is Not Acceptable): 37946 Church Avenue Suite, Apt. #, Etc. City: Dade City / State: FL / Zip Code: 33525

CR2E040 (8/00)

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: Ronald A. Melancon (SIGNATURE REQUIRED) Date: 10-17-2000

REGISTERED AGENT MUST SIGN

11. 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: Ronald A. Melancon (SIGNATURE REQUIRED) 10-17-2000 KE

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

0077684 AF