

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N95000000452

1. Corporation Name
NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.

Principal Place of Business: 221 S ALABAMA ST, JAY FL 32565
Mailing Address: 221 S ALABAMA ST, JAY FL 32565



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		01/30/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3308216	
Country		Country		Applied For	
				Not Applicable	
				8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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	SUTTON, E. W.	503 N STEWART ST	MILTON FL 32570
D	SMITH, DAVID	217 S ALABAMA ST	JAY FL 32565
D	SMITH, G. DAVID Cannington, H. D.	217 S ALABAMA ST 221 S. Alabama St	JAY FL 32565 Jay, FL 32565
D	KNIGHT, DARRYL	6024 SPIKES WAY	MILTON FL 32570
D	DONNELLY, LEO	4400 HICKORY SHORES BLVD	GULF BREEZE FL 32561
D	ADERSON, AUDREY	4700 BAYOU BLVD BDLG 5	PENSACOLA FL 32503

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FOSTER, W. ALLEN 221 S ALABAMA ST JAY FL 32565		Name: H.D. Cannington Street Address (P.O. Box Number is Not Acceptable): 221 S. Alabama St. Suits, Apt. #, Etc.: 288882888782-7 City: Jay FL 32565	

REINSTATEMENT 1996

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *H.D. Cannington* (with "SIGNATURE REQUIRED" stamp)
Date: 11/1/96

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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sandra B. Mortham, no. 11/1/96 (904) 625-4546
Date: 11/1/96 Daytime Phone #