

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 14 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000452

1. Corporation Name

NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.

Principal Place of Business

Mailing Address

221 S ALABAMA ST
JAY FL 32565

P.O. BOX 397
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1995

5. FEI Number

59-3308216

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
D	SUTTON, E. W.	503 N STEWART ST	MILTON FL 32570
VCD	SMITH, DAVID	217 S ALABAMA ST	JAY FL
CD	GANNINGTON, H.B. ROBERT GOWING	221 S. ALABAMA STREET	JAY FL
D	KNIGHT, DARRYL	6024 SPIKES WAY	MILTON FL 32570
D	THAMES, BARBARA	1450 BERRYHILL ROAD	JAY FL
STD	ADERSON, AUDREY	4700 BAYOU BLVD BDLG 5	PENSACOLA FL

8. Name and Address of Current Registered Agent

GOWING, ROBERT
221 S. ALABAMA STREET
JAY FL 32565

9. Name and Address of New Registered Agent

Name: ROBERT GOWING
Street Address (P.O. Box Number is Not Acceptable): 221 S. ALABAMA ST.
Suite, Apt. #, Etc.:
City: JAY State: FL Zip Code: 32565

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

SIGNATURE REQUIRED

Date X 12-18-99

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.

RE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 334-368-2500
Date Daytime Phone #

CR2E040 (6/99)