

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709608

1. Corporation Name

RAINBOW LAKES HOSPITAL ASSOCIATION, INC.

Principal Place of Business

2085 SW IVY PL
DUNNELLON FL 34431
US

Mailing Address

P.O. BOX 320007
DUNNELLON FL 34431
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1965

5. FEI Number

59-2156790

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	CALVERLY, THOMAS	20176 SW AUDUBON AVE	DUNNELLON FL 34431
VP D	RHODES, DONNER	31439 SW PLANTATION	DUNNELLON FL 34431
VPD	MC, GLOIN	1585 SW SEAWOOD	DUNNELLON FL 34431
S	MALLOY, WINNIE	3429 SW POMPANO	DUNNELLON FL 34431
T	ANTAL, KRISTINE	3705 IDLEWILD	DUNNELLON FL 34431
D	LYCHAKO, WALTER	21428 SW RAIN TREE	DUNNELLON FL 34431

8. Name and Address of Current Registered Agent

CALVERLEY, THOMAS
20176 SW AUDUBON AVE
DUNNELLON FL 34431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

THOMAS CALVERLEY
REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

THOMAS CALVERLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 352 489 8360