PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 SEP 17 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729141

1. Corporation Name

Dade City Health Authority, Inc.

REINSTATEMENT 82-97

Principal Place of Business	Mailing Address
1 Mediplex Place Dade City, FL 33525	

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
37145 Coleman Road Suite, Apt. #, etc.	38038 Meridian Ave. Suite, Apt. #, etc.
City & State: Dade City, Florida	City & State: Dade City, FLorida
Zip: 33525 Country: United States	Zip: 33525 Country: United States

4. Date Incorporated or Qualified To Do Business In Florida: 02/22/74

5. FEI Number: 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
PD	Lewis Abraham	15337 North Hwy 301	Dade City, FL 33523
D	Marcelino Oliva, Jr.	14246 Hale Road	Dade City, FL 33525
D	Charles A. McIntosh, Jr.	37714 Church Avenue	Dade City, FL 33525

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***1163.75 ***1163.75

8. Name and Address of Current Registered Agent

Robert D. Sumner
14150 South Sixth Street
Dade City, FL 33525

9. Name and Address of New Registered Agent

Name: Richard W. Moore
Street Address (P.O. Box Number is Not Acceptable): 502 East Park Avenue
Suite, Apt. #, Etc.:
City: Tallahassee, State: FL Zip Code: 32301

CR2E064 (12/96)

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: Richard W. Moore
REGISTERED AGENT MUST SIGN

Date: 9/17/97

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: Lewis Abraham LEWIS ABRAHAM SEPT 17 1997 352-567-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9-9-17