

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F01000003280

1. Corporation Name

PCA of Columbia, Inc.

2. Principal Office Address

1602 Hatcher Lane

Suite, Apt. #, etc.

City & State

Columbia, TN

Zip

38401

Country

3. Mailing Office Address

1602 Hatcher Lane

Suite, Apt. #, etc.

City & State

Columbia, TN

Zip

38401

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2-23-98

5. FEI Number

62-1729316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02

7. Name and Address of Current Registered Agent

Name

Mike Rice

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

9050 Pines Boulevard

Suite, Apt. #, Etc.

Suite 102

City

Pembroke Pines

State

FL

Zip Code

33024

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/2

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	Ferrell, H.W.	1602 Hatcher Lane	Columbia, TN 38401
VCS	Olson, John R.	1602 Hatcher Lane	Columbia, TN 38401
D	Moore, Joseph C.	1602 Hatcher Lane	Columbia, TN 38401
D	Pearson, Jack L.	1602 Hatcher Lane	Columbia, TN 38401
D	Bramlett, Charles B. Jr	1602 Hatcher Lane	Columbia, TN 38401

10. 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:

JOHN R. OLSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02  
Date

Daytime Phone #

931-388-0777

CR2E081 (9/01)