

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -3 PM 2:36

DOCUMENT # F03000000334

1. Corporation Name
Archbold Health Services, Inc.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
400 Old Albany Rd

3. Mailing Office Address
PO. Box 620

Suite, Apt. #, etc.

City & State
Thomasville, Ga

City & State
Thomasville, Ga

Zip Country
31792 USA

Zip Country
31799 USA

05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 5-11-83

5. FEI Number 581376434 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jana H. Grubbs

Street Address (P.O. Box Number is Not Acceptable)
555 N. Jefferson St

Suite, Apt. #, Etc.

City
Monticello

State
FL

Zip Code
32344

900070448389
04/14/06--01028--021 **29

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 Jana H. Grubbs Date 1-6-06

REGISTERED AGENT MUST SIGN

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
TC	Wendy Bicknell	910 S. Broad St	Thomasville Ga 31792
TVC	Robert Jefferson, JR	1211 Evergreen St.	Thomasville, Ga 31792
TS/T	Calvin Reams	951 S. Broad St	Thomasville, Ga 31792
TP	Ken Beverly	910 S. Broad St	Thomasville, Ga 31792
TAS	J. William Sellers, JR	910 S. Broad St	Thomasville, Ga 31792
TVP	William C. Campbell	400 Old Albany Rd	Thomasville, Ga 31792

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 contained in Chapter 119, 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: William C. Campbell Date 1-6-06 Daytime Phone # 229-228-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR