

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 29 PM 4:43

RECEIVED
STATE
DIVISION OF CORPORATIONS

DOCUMENT # F03000000334

1. Corporation Name

ARCHBOLD HEALTH SERVICES, INC.

800161136828
09/29/09--01034--008 **306.25

2. Principal Office Address - No P.O. Box #
400 Old Albany Rd

3. Mailing Office Address
P.O. Box 620

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Thomasville, GA

City & State
Thomasville, GA

Zip
31792

Country

Zip
31799

Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/11/1983

5. FEI Number
58-1376434

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

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Jana H. Grubbs
REGISTERED AGENT MUST SIGN

Date 9-23-09

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	Jefferson, Robert Jr	1211 Evergreen St	Thomasville, GA 31792
TVC	Kirkham, Gates	910 S. Broad St	Thomasville, GA 31792
TST	McMillan, Dr. Victor	119 W. Hill St	Thomasville, GA 31792
P	Campbell, William C	400 Old Albany Rd	Thomasville, GA 31792
D	Bruhn, Dr. Melissa	918 S. Broad St	Thomasville, GA 31792
D	Tillman, Stephanie	1919 Flowers Circle	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:

Mary L. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary L. Clark

9-23-09

Date

229-228-2246

Daytime Phone #

9/29/09

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000000334

1. Corporation Name

ARCHBOLD HEALTH SERVICES, INC.

2. Principal Office Address - No P.O. Box #

400 Old Albany Rd

3. Mailing Office Address

P.O. Box 620

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thomasville, GA

City & State

Thomasville, GA

Zip

31792

Country

Zip

31799

Country

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1983

5. FEI Number
58-1376434Applied For
Not Applicable6. 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 GrubbsStreet Address (P.O. Box Number is Not Acceptable)
555 N. Jefferson St

Suite, Apt. #, Etc.

City
MonticelloState
FLZip Code
32344

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
D	McLean, Dr. Ronald	116 Rosedale Ave	Thomasville, GA 31792
D	Ireland, Miss Kate	13657 Tenacity Lane	Tallahassee, FL 32312

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:

Mary L. Clark

229-228-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #