

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

STATE DIVISION OF CORPORATIONS

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

REINSTATEMENT 08-09 CR2E081 (12/08)

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

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)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Robert Jr Jefferson, Gates Kirkham, Dr. Victor McMillan, William C Campbell, Dr. Melissa Bruhn, and Stephanie Tillman.

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 110, 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

9-23-09 Date

229-228-2246 Daytime Phone #

9/29/09

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<p><b>CORPORATION REINSTATEMENT</b></p>		<p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>	
<p><b>DOCUMENT # F03000000334</b></p>			
<p>1. Corporation Name  <b>ARCHBOLD HEALTH SERVICES, INC.</b></p>			
<p>2. Principal Office Address - No P.O. Box # <b>400 Old Albany Rd</b></p>	<p>3. Mailing Office Address <b>P.O. Box 620</b></p>		
<p>Suite, Apt. #, etc.</p>	<p>Suite, Apt. #, etc.</p>		
<p>City &amp; State <b>Thomasville, GA</b></p>	<p>City &amp; State <b>Thomasville, GA</b></p>		
<p>Zip <b>31792</b></p>	<p>Country</p>	<p>Zip <b>31799</b></p>	
<p>Country</p>		<p>Country</p>	
<p>7. Name and Address of Current Registered Agent</p>			
<p>Name <b>Jana H Grubbs</b></p>			
<p>Street Address (P.O. Box Number is Not Acceptable) <b>555 N. Jefferson St</b></p>			
<p>Suite, Apt. #, Etc.</p>			
<p>City <b>Monticello</b></p>	<p>State <b>FL</b></p>	<p>Zip Code <b>32344</b></p>	
<p>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.</p>			
<p>Signature of Registered Agent <i>Jana H Grubbs</i></p>		<p>Date _____</p>	
<p>REGISTERED AGENT MUST SIGN</p>			
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
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
<p>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.</p>			
<p>SIGNATURE: <i>Mary L. Clark</i></p>		<p>Mary L. Clark</p>	<p>229-228-2246</p>
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date</p>	<p>Daytime Phone #</p>

CR2E081 (12/08)

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

<p>5. FEI Number <b>58-1376434</b></p>	<p>Applied For <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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.