

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JAN 11 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000004952

1. Corporation Name

The Paracelsus Group Inc

LA
1-15-07

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

1830 Woodpointe DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1830 Woodpointe DR.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

City & State

Winter Haven FL

Zip

33884

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

26 July 2006

5. FEI Number

23-2973243

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

Robert E. Jenkins

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

1830 Woodpointe DR.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

☒ 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.

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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

Robert E. Jenkins

REGISTERED AGENT MUST SIGN

Date 1-3-08

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/P	Robert E. Jenkins	1830 Woodpointe DR.	Winter Haven FL 33884
D	Lewis Madan	596 Creamery Rd.	Quakertown PA 18951
D	Leonard Washington	7425 Sprague St.	Philadelphia PA 19119
D/NP	Frank Fedele	900 NE Town Terrace	Jenson Beach FL 34957
D/ST	Linda J. Jenkins	1830 Woodpointe DR.	Winter Haven FL 33884

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:

Robert E. Jenkins

ROBERT E. JENKINS

1-3-08 (863)318-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #