PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUL -8 AM 9:06

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14000000288

1. Corporation Name

AZALEA HEALTH INNOVATIONS, INC.

300287782533

CR2E081 (13/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5871 Glenridge Dr #300	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite #300	
City & State	City & State
Atlanta, GA	
Zip / Country	Zip / Country
30328 USA	

4. Date Incorporated or Qualified To Do Business in Florida
01/23/2014

5. FEI Number
26-0874838
Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Dr.
Suite, Apt. #, etc.
Suite A
City: Tallahassee | State: FL | Zip Code: 32301

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: Dllanie Case asst. sec. Date: 7-8-16
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
CEO	Baha Zeidan	107 W. Central Avenue	Valdosta, GA 31601
CFO	Douglas M. Swords	107 W. Central Avenue	Valdosta, GA 31601
SEC	Daniel N. Henry, Jr.	107 W. Central Avenue	Valdosta, GA 31601
	REINSTATEMENT		JUL 08 2016
			R. HUNT

10. E-mail Address: aackerd@azaleahealth.com
(To be used for future annual report notification)

11. *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 with 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Baha Zeidan, CEO 7/8/16 229-560-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/8/16

NAME: AZALEA HEALTH INNOVATIONS, INC

TYPE OF FILING: REINSTATEMENT

COST: 908.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

16 JUL -8 PM 4:51

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JUL 08 2016

R. HUNT