

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

16 JUL -8 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14000000298

1. Corporation Name

AZALEA HEALTH INNOVATIONS, INC.

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

5871 Glenridge Dr #300

Suite, Apt. #, etc.

Suite # 300

City & State

Atlanta, GA

Zip

30328

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300287782533

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2014

5. FET Number

26-0874838

Applied For

NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED

Yes

\$6.75 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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

William 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: seckert@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 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., 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

DATE

7/8/16

279-560-0028

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAYTON PUGH

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

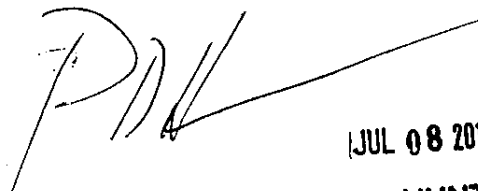
COST: 908.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

RECEIVED
JUL 8 2016
15 JUL -8 PM 4:51
SOFTWARE & FILMS



**JUL 08 2016
R. HUNT**