

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # F42315

1. Corporation Name

FLORIDA HEALTH FACILITIES CORP. POLK COUNTY

00 NOV 13 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1553 NE ARCH AVE
JENSEN BEACH FL 34957

Mailing Address

1553 NE ARCH AVE
JENSEN BEACH FL 34957



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1452919

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	CLARK, JACK	1553 NE ARCH AVE	JENSEN BEACH FL
V	CLARK, DEB	1553 NE ARCH AVE	JENSEN BEACH FL

REINSTATEMENT 2850

8. Name and Address of Current Registered Agent

CLARK, MARTY B.
1553 NE ARCH AVE
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

0000003496640-0

-12/12/00--01028--023

***750-00 ***750-00

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 10/17/00

REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/00 54-334-8600

CR2E040 (8/00)