

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 21 PM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000424

1. Corporation Name

General Health Corporation I

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

5601 North Dixie Highway

Suite, Apt. #, etc.

Suite 411

City & State

Fort Lauderdale, FL

Zip

33334

Country

USA

3. Mailing Office Address

5601 North Dixie Highway

Suite, Apt. #, etc.

Suite 411

City & State

Fort Lauderdale, FL

Zip

33334

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida

01/14/1993

5. FEI Number

51-0300896

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

500292517465

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

REGISTERED AGENT MUST SIGN

Judith Argao
Vice President

Assistant Secretary

Date

11/18/16

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
P/D	Richard Inglis	5601 North Dixie Highway, Suite 411	Fort Lauderdale, FL 33334
T/D	Phyllis Johns	5601 North Dixie Highway, Suite 411	Fort Lauderdale, FL 33334
S/D	Mary Damon	5601 North Dixie Highway, Suite 411	Fort Lauderdale, FL 33334

10. E-mail Address: timline@bellsouth.net

(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:

Phyllis Johns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PHYLIS JOHNS

11/17/16

954.202.1998 x227

Date

Daytime Phone #

11/21/16

CT CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 11/18/16

ACCT: 120160000072

Jma [Signature]

Name:	General Health		
Document #:	Corporation 1 (Reinstatement)		
Order #:	10260610		

Certified Copy of Art & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 1950.00

+ 8.75
8.75

\$1967.50

Thank you!

RECEIVED
SUFFICIENCY OF FILING

15 NOV 18 PM 4:25