

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAY 29 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002094

1. Corporation Name

HEALTHCARE BUILDERS, INC.

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

5303 E. Highway 45

Suite, Apt. #, etc.

City & State

Fort Smith, AR

Zip

72916

Country

USA

3. Mailing Office Address

P. O. Box 3068

Suite, Apt. #, etc.

City & State

Fort Smith, AR

Zip

72913-3068

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1993

5. FEI Number

710682145

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

C T 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

☐ 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.

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

Kathleen M. Odum, Asst Secy
REGISTERED AGENT MUST SIGN

Date

5/28/08

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 |
|--------------------------------|--------------------------------------|---|-----------------------------|
| P/D | S. W. Creekmore, Jr. | 901 Ponte Vedra Boulevard | Ponte Vedra Beach, FL 32082 |
| V/T/D | S. W. Creekmore, III | No. 2 Berry Hill | Fort Smith, AR 72903 |
| S | Carla Campbell-Ellis | 2015 Lee Creek Drive | Van Buren, AR 72956 |
| AS | S. Ruth Lehr | 6020 Elm Avenue | Raytown, MO 64133 |
| REINSTATEMENT 04-08 K5 | | | |
| 100128094541 | | | |
| 05/01/08--01049--009 **1358.75 | | | |

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:

S. Ruth Lehr

S. Ruth Lehr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2008

Date

(816) 353-1777

Daytime Phone #