

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000003223

1. Corporation Name

Integrated Health Services of Lester, Inc.

2. Principal Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks, MD

Zip

21152

Country

USA

3. Mailing Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks, MD

Zip

21152

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-26-94

5. FEI Number

52-1873917

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

National Corporate Research, LTD

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

1406 Hays Street Suite #2

Suite, Apt. #, Etc.

City

Tallahassee, FL 32301

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

John L. Morrison
REGISTERED AGENT MUST SIGN *John L. Morrison*

Date 10/15/01

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
		SEE attached list	

REINSTATEMENT

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 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:

Morse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-01
Date

410-773-1176
Daytime Phone #

CRZE081 (9/00)

COMPANY NAME:
FEB:

LIST OF OFFICERS:

NAME	TITLE	SS#	ADDRESS
TAYLOR PICKETT	PRESIDENT	216-78-8702	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARC B. LEVIN	SECRETARY	217-62-0817	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARK L. FULCHINO	VP	029-84-4143	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MELISSA WARLOW	VP	212-94-2361	910 RIDGEBROOK ROAD, SPARKS, MD 21152
ROBERT STEPHENSON	TREASURER	212-94-9489	910 RIDGEBROOK ROAD, SPARKS, MD 21152

BOARD OF DIRECTORS:

NAME	ADDRESS
MARC B. LEVIN	217-62-0817 910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARSHALL A. ELKINS	092-36-2771 910 RIDGEBROOK ROAD, SPARKS, MD 21152