

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 12 PM 3:22

DOCUMENT # **F94000003431**

1. Corporation Name

**INTERNATIONAL HEALTH CARE
ASSOCIATES XXVI, INC.**

2. Principal Office Address

SIX CADILLAC DR.

3. Mailing Office Address

S

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

A

City & State

BRENTWOOD, TN

City & State

M

Zip

37027

Country

USA

Zip

Country

E

REINSTATEMENT 0001

4. Date Incorporated or Qualified
To Do Business in Florida

6-29-94 SP

5. FEI Number

62-1570658

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

400004494474--8

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION, FL

State

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

6/25/01

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
PRES.	SEIJI SUZUKI	SIX CADILLAC DR.	BRENTWOOD, TN 37027
DIR.	SEIJI SUZUKI	SUITE 310	
SEC.	LARRY WILLIAMS	1101 KERMIT DR.	NASHVILLE, TN 37217
DIR.	LARRY WILLIAMS	SUITE 300	

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:

Larry Williams, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/01
Date

615-250-7123
Daytime Phone #

CR2E081 (9/00)