

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 FEB 28 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/02

DOCUMENT # F95000004597

1. Corporation Name

ACS HEALTH CARE, INC.

Principal Place of Business

Affiliated Computer Services, Inc. Affiliated Computer Services, Inc.  
BUSINESS RECORDS CORPORATION BUSINESS RECORDS CORPORATION  
2828 N HASKELL AVE 10TH FL 2828 N HASKELL AVE 10TH FL  
DALLAS TX 75204 DALLAS TX 75204

Mailing Address

Affiliated Computer Services, Inc. Affiliated Computer Services, Inc.  
BUSINESS RECORDS CORPORATION BUSINESS RECORDS CORPORATION  
2828 N HASKELL AVE 10TH FL 2828 N HASKELL AVE 10TH FL  
DALLAS TX 75204 DALLAS TX 75204

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

09/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

93-0586355

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BRASWELL, HARVEY	2828 N HASKELL AVE 10TH FL	DALLAS TX 75204
SD	<del>BLACK, DAVID W</del> Deckelman, Jr., William L.	2828 N HASKELL AVE 10TH FL	DALLAS TX 75204
D	RICH, JEFFREY A	2828 N HASKELL 10TH FL	DALLAS TX 75204
<del>D</del> VP	<del>HORTENSTINE, HENRY</del> John Rexford David Jarrett	2828 N HASKELL AVE	DALLAS TX 75204
T	VINEYARD, NANCY P	3988 N CENTRAL EXPRESSWAY	DALLAS TX 75204
AS	<del>HANEY, HAYS</del> Lewis, Wayne	2828 N. HASKELL AVE FL 10	DALLAS TX 75204

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

500005073755--5

City

03/08/02--01068--022  
\*\*\*\*150.00 FL \*\*\*\*150.00

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.

500005073755--5

03/08/02--01068--023

\*\*\*\*750.00 \*\*\*\*750.00

Signature of  
Registered Agent

SIGNATURE REQUIRED  
*Wayne R. Lewis*

REGISTERED AGENT MUST SIGN

Date 2/28/02

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 REQUIRED  
*Wayne R. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne R. Lewis, Asst. Secretary

01/21/02

214.841.6286

Date

Daytime Phone #

CR2E040 (8/01)