

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 13 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00

DOCUMENT # F97000005574

1. Corporation Name

DHMI, INC.

Principal Place of Business

404 BNA DR., SUITE 500
NASHVILLE TN 37217

Mailing Address

100 MANSELL COURT EAST
SUITE 400
ROSWELL GA 30076

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

100 MANSELL COURT EAST

Suite, Apt. #, etc.

Suite 400

City & State

Roswell GA

Zip

30076

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1997

5. FEI Number

58-2296049

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CP	KLOCK, DAVID R	100 MANSELL COURT EAST #400	ROSWELL GA 30076
PTD	HERTIK, PHILIP	404 BNA DR., SUITE 500	NASHVILLE TN 37217
SD	MITCHELL, BRUCE A	100 MANSELL COURT EAST #400	ROSWELL GA 30076
TD	YODER, KEITH J	100 MANSELL CT E. STE 400	ROSWELL GA 30076
			800003514578--0 -12/27/00-01063 884 ****750.00 ****750.00 78

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.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Dale W. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date 12-8-00

REGISTERED AGENT MUST SIGN

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:

Bruce Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/00 (770) 998-8936
Date Daytime Phone #