

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP -7 PM 4:22

RECEIVED
DATE
800059376958
09/07/05--01010--008 **1350.00

DOCUMENT #

G40092

1. Corporation Name

SUNRISE MEDICAL SERVICES, INC.

2. Principal Office Address

454 C Fury Ferry Rd

Suite, Apt. #, etc.

City & State

Augusta, Ga

Zip

30907

Country

USA

3. Mailing Office Address

3729 Foxfire Place

Suite, Apt. #, etc.

City & State

Augusta, Ga

Zip

30907

Country

USA

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

5. FEI Number

58-1789544

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

Richard G. Coker, Jr.

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

1401 S. Andrews Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316-1840

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

Date

8/31/2005

REGISTERED AGENT MUST SIGN

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	William T Mckettrick	3729 Foxfire Place	Augusta, Ga 30907
S	Cynthia B Mckettrick	3729 Foxfire Place	Augusta, Ga 30907

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:

William T Mckettrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/05

Date

(706)650-8922

Daytime Phone #

CR2E081 (01/05)