

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State
Division of Corporations

FILED
97 AUG -5 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26618

1. Corporation Name

RHA/Florida Properties, Inc.

Principal Place of Business

Mailing Address

c/o Resource Healthcare of America, Inc.
One Buckhead Plaza, Suite 1150
3060 Peachtree Road, N.W.
Atlanta, Georgia 30305

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

2. New Principal Office Address, If Applicable

See above

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 25, 1988

5. FEI Number

58-1796702

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	See attached		
			300002265723--0
			-08/13/97--01064--001
			****490.00 ****490.00

8. Name and Address of Current Registered Agent

CT Corporation System, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mary R. Adams

Date

Mary R. Adams,

REGISTERED AGENT MUST SIGN Assistant Secretary

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

Bryant & Coats, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/97

(404) 364-2900

Daytime Phone #

CPRE040 (12/96)

**RHA/FLORIDA PROPERTIES, INC.
OFFICERS AND DIRECTORS**

Title	Name of Officers and/or Directors	Street Address	City/State/Zip
D	Mr. Chet Bradeen	Exceler Health Care 79 High Street Eton	Windsor, Berkshire SL46AF United Kingdom
D/C/CEO	Robert B. Coats	Resource Healthcare of America, Inc. 311 Dawnbrook Drive	Flat Rock, NC 28731
D/P	Bryant G. Coats	Resource Healthcare of America, Inc. One Buckhead Plaza, Suite 1150 3060 Peachtree Road, NW	Atlanta, GA 30305
D	James D. Loftin, Jr.	410 Twitchell Road	Dothan, AL 36303
D	Charles W. Northcutt, III	Houston Paper Company 600 Monument Street	Dothan, AL 36303
D	Mr. Howard Oakes	Weinburg & Associates 1932 N. Druid Hill Roads, N.E. Suite 200	Atlanta, GA 30319
D	William P. Walker	Synergistic Consulting Group 224 Quail Lane Lake Martin	Dadeville, AL 36853-9328
CFO	John R. West	Resource Healthcare of America, Inc. One Buckhead Plaza, Suite 1150 3060 Peachtree Road, NW	Atlanta, GA 30305
AS	Chase Northcutt	Resource Healthcare of America, Inc. One Buckhead Plaza, Suite 1150 3060 Peachtree Road, NW	Atlanta, GA 30305
AS	Diane Fisher	Resource Healthcare of America, Inc. One Buckhead Plaza, Suite 1150 3060 Peachtree Road, NW	Atlanta, GA 30305

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

RHA / Florida Properties, Inc.

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Co. | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

8-5-97

File First

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

97 AUG -5 AM 11:45

RECEIVED