

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 20 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005229

1. Corporation Name

Lake Okeechobee Rural Health Network

800174812948
04/20/10--01020--001 **70.00

REINSTATEMENT 07-10

800174812948
04/07/10--01007--016 **183.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

5725 Corporate Way

3. Mailing Office Address

5725 Corporate Way

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1994

5. FEI Number

65-0661240

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

Marilyn Leeds

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

5725 Corporate Way

Suite, Apt. #, Etc.

Suite 208

City

West Palm Beach, FL

State

FL

Zip Code

33407

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Marilyn Leeds

REGISTERED AGENT MUST SIGN

Date 4.1.2010

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
D	Marilyn Leeds	5725 Corporate Way, Ste 208	West Palm Beach, FL 33407
C	Terry Calsetta	39200 Hooker Hwy	Belle Glade, FL 33430
VC	Joe Peters	5725 Corporate Way, Ste 201	West Palm Beach, FL 33407
S	Traci Owens	820 W Sugarland Hwy, Ste 8	Clewiston, FL 33440

10. E-mail Address: mleeds@lorhn.org

(To be used for future annual report notification)

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. I further certify, 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:

Marilyn Leeds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.1.2010 561-6889590

Daytime Phone #