

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003071

1. Corporation Name

MEDTECH OF NORTH FL, INC.

Principal Place of Business

P.O. BOX 1979
QUINCY FL 32353-1979

Mailing Address

P.O. BOX 1979
QUINCY FL 32353-1979

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/14/1996

5. FEI Number

59-3385322

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
P/D	HARDY, WILLIAM	P.O. BOX 1070 N/A P.O. Box 12783	QUINCY FL 32353 Tallahassee, FL 32317
S/D	HARDY, PATRICIA	416 COLLINSFORD RD.	TALLAHASSEE FL 32301
D	RYALS, ROBERT	220 JOHN KNOX RD.	TALLAHASSEE FL 32303
D	DUGGAR, EARLY	4141 APALACHEE PKWY	TALLAHASSEE FL 32311
D	HARDY, MICHAEL	416 COLLINSFORD RD.	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent

HARDY, WILLIAM O JR
3512-C MACLAY BLVD.
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name

40000248834-6
-11/16/98-01001-013

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

3375-H Capital Circle NW

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

William O Hardy Jr. WIPFD

REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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.

SIGNATURE:

William O Hardy Jr. William O. Hardy, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/98

Daytime Phone #

(850) 556-7845

CR2E040 (9/93)