

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

FILED

99 MAY -3 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003265**

1. Corporation Name  
**Florida Keys Health Care Providers, Inc**

Principal Place of Business Mailing Address  
**3301 Overseas Hwy.  
Marathon, FL 33050**

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

**REINSTATEMENT**

97-98  
7/8  
6/3/99

2. New Principal Office Address, If Applicable <b>As above</b>		3. New Mailing Office Address, If Applicable <b>As above</b>		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0674959</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres/D	Bill Chambers	2655 O/S Highway	Marathon FL 33050
VP/D	Patrice Tavernier	3301 o/s Hwy	Marathon FL 33050
Sec/D	Jeffrey Allard	3301 o/s Hwy	Marathon FL 33050

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-05/14/99--01002--017  
\*\*\*\*358.75 \*\*\*\*358.75

8. Name and Address of Current Registered Agent <b>Sherry Carpenter PO Box 501830 860/85th St Quad Marathon, FL 33050</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State <b>FL</b> Zip Code	
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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 **Sherry Carpenter** REGISTERED AGENT MUST SIGN Date **4/12/99**

11. This corporation owes 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: **Patrice L. Tavernier**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Patrice L. Tavernier, VP**

4/12/99 305 289-6401  
Daytime Phone #

CRP2091 (12/98)