PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 NOV -1 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000527**

1. Corporation Name

FAITH HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
4431 LAFAYETTE STREET MARIANNA FL 32446	4431 LAFAYETTE STREET MARIANNA FL 32446

400003039334--8
-11/09/99--01041--002
*****236.25 *****236.25

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/29/1998

5. FEI Number: ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TP	ANDEM, EFIONG DR.	4461 BROAD ST.	MARIANNA FL 32446
TST	BARBER, DEBBIE	4912 DONNA DR.	MARIANNA FL 32446
TVP	CULBREATH, LAURENCE	5058 JEANETTE DR.	MARIANNA FL 32446
T	BAXTER, FLOYCE	P.O. BOX 343	MARIANNA FL 32447
T	RUSSELL, RAMONA	2371 HWY 73	MARIANNA FL 32446
T	WILLIS, DEBORAH	974 VIEW DR.	ALFORD FL 32420

8. Name and Address of Current Registered Agent

SWEARINGEN, GLENDA F
4431 LAFAYETTE STREET
MARIANNA FL 32446

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

CR2E040 (8/99)

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: Glenda F. Swearingen — Date: 11/01/99

REGISTERED AGENT MUST SIGN

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 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.

DR. EFIONG O. ANDEM

SIGNATURE: _____ 10/20/99 850-547-5404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000004 AP