

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -4 PM 4:10

DOCUMENT # **N99000000691**

1. Corporation Name

**ASHFORD HEALTHCARE SYSTEMS, INC.**

Principal Place of Business

23186 BLUE STAR HIGHWAY  
QUINCY FL 32352

Mailing Address

P.O. BOX 1589  
QUINCY FL 32353

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

02/03/1999

5. FEI Number

58-2460572

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	4 City / State / Zip
DVP	PICKREN, JOHN	23186 BLUE STAR HIGHWAY	QUINCY FL 32352
DST	BRADFORD, DONALD	23186 BLUE STAR HIGHWAY	QUINCY FL 32352
DP	LAKE, MICHAEL C	23186 BLUE STAR HIGHWAY	QUINCY FL 32352
AS	WALSH, MICHAEL D	23186 BLUE STAR HIGHWAY	QUINCY FL 32352

800008793308

11/05/02-01002-001 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DAVID A. BARRETT

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

111 South Monroe Street

Suite, Apt. #, Etc.

Suite 3000

City

Tallahassee

State

FL

Zip Code

32301

CFR2040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/25/02

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.

Michael A. Walsh

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

(850) 875-5906

Daytime Phone #