

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -6 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000114613**

1. Corporation Name

**Alachua Integrative Medicine,
Inc.**

2. Principal Office Address

14616 NW 140th ST

3. Mailing Office Address

P.O. Box 1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

Zip

32615

Country

USA

Zip

32616

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-01

5. FEI Number

59-36871-93

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**3875 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

John Cosby

400005194214-8

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

8425 NW 222nd Ave

04/05/02-01015-009

*****900.00 ***900.00**

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

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

John Cosby
REGISTERED AGENT MUST SIGN

Date **12-25-01**

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
President	John Cosby	8425 NW 222 nd Ave	Alachua, FL 32615
Treasurer			
Vice President	Claire Cosby	8425 NW 222 nd Ave	Alachua, FL 32615
Secretary			

10. 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:

John Cosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-25-01 386-418-4377

Date

Daytime Phone #

CR2E081 (9/00)