

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 14 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108855

1. Corporation Name

XKEV12 Management, Inc.

2. Principal Office Address

C/O Piedmont Health Care

3. Mailing Office Address

PO Box 5489

Suite, Apt. #, etc.

208 Old Mocksville Road

Suite, Apt. #, etc.

City & State

Statesville, NC

City & State

Statesville, NC

Zip

28625

Country

Zip

28687

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

56-2276453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 So Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

5/20/04

REGISTERED AGENT MUST SIGN

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 |
|---------|--------------------------------------|---|-----------------------|
| Trustee | Allan, John | 208 Old Mocksville Road | Statesville, NC 28625 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/2004

Date

704-873-0542

Daytime Phone #

CR2E081 (01/04)