

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

06 APR 24 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058417

1. Corporation Name

Southern Family Healthcare, P.A.

2. Principal Office Address

1376 Brickyard Rd

Suite, Apt. #, etc.

Suite 5

City & State

Chipley FL

Zip

32428

Country

U.S

3. Mailing Office Address

P.O. Box 692

Suite, Apt. #, etc.

City & State

Chipley FL

Zip

32428

Country

U.S

REINSTATEMENT

CR2E081 (12/05)

03-06 Doc

4. Date Incorporated or Qualified
To Do Business in Florida

May, 2002

5. FEI Number

02-0669031

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

William Mark Garney

500075269295

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

1376 Brickyard Rd, Suite 5

Suite, Apt. #, Etc.

Suite 5

City

Chipley

State
FL

Zip Code

32428

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

Wm Mark Garney
REGISTERED AGENT MUST SIGN

Date 4-19-06

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 |
|------------|--------------------------------------|---|--------------------------|
| <u>P</u> | <u>William Mark Garney</u> | <u>1765 Gainer Rd</u> | <u>Chipley, FL 32428</u> |
| <u>S/T</u> | <u>Audrey Joyce Garney</u> | <u>1765 Gainer Rd</u> | <u>Chipley, FL 32428</u> |
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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 contained in Chapter 119, 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:

Audrey Joyce Garney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06
Date

850-638-4383
Daytime Phone #