

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 16 AM 9:43

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105099

1. Corporation Name
SOUTHERN HEALTH ALTERNATIVES, INC
P.O. BOX 1943
VERO BEACH, FL 32961-1943

2. Principal Office Address
P.O. BOX 1943

Suite, Apt. #, etc.
N/A

City & State
VERO BEACH, FLORIDA

Zip Country
32961 USA

3. Mailing Office Address
P.O. BOX 1943

Suite, Apt. #, etc.
N/A

City & State
VERO BEACH, FLORIDA

Zip Country
32961 USA

Handwritten mark

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 9-30-02

5. FEI Number
331026470

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 PARKER, Sidney A.
Street Address (P.O. Box Number is Not Acceptable) 485 39TH CT SW
Suite, Apt. #, Etc. N/A
City VERO BEACH

State Zip Code
FL 32968

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

Handwritten signature of Sidney A. Parker

Date 4-29-05

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
<u>DP/ST</u>	<u>PARKER, SIDNEY A</u>	<u>485 39TH CT SW</u>	<u>VERO BEACH, FL 32968</u>

500055200235
05/24/05--01075--008 **1050.00

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:

Handwritten signature of Sidney A. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 772-559-5364

Date Daytime Phone #

CR2E081 (01/05)