

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105099

1. Corporation Name

SOUTHERN HEALTH ALTERNATIVES, INC.

100074527651
05/12/06--01025--018 **1200.00

REINSTATEMENT 03-06
CR2E081 (12/05)

2. Principal Office Address
1906 14TH AVENUE

3. Mailing Office Address
PO BOX 1943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip
32960

Country
USA

Zip
32961

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/30/2002

5. FEE Number
33-1026470

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)
1906 14TH AVENUE

Suite, Apt. #, Etc.

City
VERO BEACH

State
FL

Zip Code
32960

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

Date 4-28-06

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
DPST	PARKER, SIDNEY	485 39TH CT SW	VERO BEACH, FL 32968

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 772-559-5364

Date

Daytime Phone #