

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB -5 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700087713087  
02/08/07--01024--007 \*\*450.00

REINSTATEMENT

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P030000023125

1. Corporation Name

SEFFNER PREMIER HEALTHCARE,  
P. A.

2. Principal Office Address - No P.O. Box #

11710 EAST US HWY 92

3. Mailing Office Address

PO BOX 69

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Seffner, FL

Zip

33584

Country

Hillsborough

Zip

33583

Country

HILLSBOROUGH

4. Date Incorporated or Qualified  
To Do Business in Florida

2/2/2003

5. FEI Number

56-2320340

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

HILLARY MORGAN

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

11710 E. US HWY 92

Suite, Apt. #, Etc.

B

City

SEFFNER

State

FL

Zip Code

33584

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

2/1/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles               | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|----------------------|--------------------------------------|---|--------------------|
| (PRESIDENT)<br>OWNER | HILLARY MORGAN "D"                   | 11710 E US HWY 92<br>Suite B,                     | SEFFNER, FL. 33584 |
|                      |                                      |   |                    |
|                      |                                      |   |                    |
|                      |                                      |   |                    |
|                      |                                      |   |                    |
|                      |                                      |   |                    |

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

2/1/07

Date

813-689-8020

Daytime Phone #

2/17/07