

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 30 PM 4:14

DOCUMENT # P07000008656

1. Corporation Name

ALPHA-1 MEDICAL SERVICES INC.

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

5726 SE CR-252

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32025

Country

USA

3. Mailing Office Address

5726 SE CR-252

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32025

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2007

5. FEI Number
20-8888840

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

MICHAEL WELTON HEPPNER

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

5726 SE CR-252

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

☐ 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

Michael W. Heppner
REGISTERED AGENT MUST SIGN

Date 10-28-09

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
P	MICHAEL WELTON HEPPNER	5726 SE CR-252	Lake City, FL. 32025
V	DONALD BRENT HAYDEN	1735 NW Frontier Drive	Lake City, FL. 32055

REINSTATEMENT 08-09 10/30/09 01032-017 **908.75

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:

Michael W. Heppner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Welton Heppner, Pres

10-28-09
Date

386-755-4734
Daytime Phone #