

FILED

2007 NOV -9 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000318

1. Corporation Name
ARBOR HEALTH SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #
4816 KLYLEMORE COURT

3. Mailing Office Address
4816 KLYLEMORE COURT

Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

Zip
34685 Country
USA

Zip
34685 Country
USA

7. Name and Address of Current Registered Agent

Name
DAVID P. EDSON

Street Address (P.O. Box Number if Not Applicable)
4816 KLYLEMORE COURT

Suite, Apt. #, Etc.

City
PALM HARBOR, FL State
FL Zip Code
34685

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **11/8/07**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	DAVID P. EDSON	4816 KLYLEMORE COURT	PALM HARBOR, FL 34685

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 118, 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]* Date **11/8/07** **321-339-8321**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT

96-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
12/23/1993

5. FEI Number
59-3221410

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

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.

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

HB

CORPORATION REINSTATEMENT

ARBOR HEALTH SYSTEMS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1873.75