

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -7 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072871

1. Corporation Name

Marion Rural Health, Inc.

500008307325--9

-10/10/02--01053--016

****300.00 ****300.00

2. Principal Office Address

15932 E. Hwy 40

Suite, Apt. #, etc.

3. Mailing Office Address

15932 E. Hwy 40

Suite, Apt. #, etc.

City & State

Silver Springs, FL

City & State

Silver Springs, FL

Zip

34488

Country

USA

Zip

34488

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1994

5. FEI Number

593273752

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

RICHARD E. CHERRY, III

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

120 NE 50th AVE

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code
34470

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

Richard E. Cherry III

REGISTERED AGENT MUST SIGN

Date 10/2/02

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
PD	RICHARD E. CHERRY III	120 NE 50th AVE	OCALA, FL 34470
VPD	TERESA A. CHERRY	120 NE 50th AVE	OCALA, FL 34470

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:

Richard E. Cherry III

RICHARD E. CHERRY, III

10/2/02

352-625-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Marion Rural Health, Inc.
15932 E. Hwy 40
Silver Springs, FL 34488

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

10/02/02

To whom it may concern:

I became aware last April that our corporation had been dissolved, which was a surprise. I called your staff, and was told that the renewal/Annual Report forms had been returned as undeliverable. On further discussion with your staff, we determined that the street address was correct, but the city and ZIP code were not. She explained that I should send in an application for reinstatement, a check for \$300, and a request for a waiver of the \$600 penalty since I had never received the renewal forms. I made notes of the conversation, but failed to act on them until now, having recently found the notes in the bottom of my "to do" box. I am therefore now requesting reinstatement of Marion Rural Health, Inc., by way of the enclosed application and check for \$300. If you require any additional information, please contact me.

Sincerely,



Richard E. Cherry, III
Marion Rural Health Inc.
15932 E. Hwy 40
Silver Springs, FL 34488
352-625-7777