

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA4000673659

1. Corporation Name

FLORIDA FAMILY RURAL HEALTH CARE, INC.

2. Principal Office Address

2398 BEACH DR

Suite, Apt. #, etc.

City & State

AVON PARK, FL

Zip

33825

Country

HIGHLANDS

3. Mailing Office Address

2398 BEACH DR

Suite, Apt. #, etc.

City & State

AVON PARK, FL

Zip

33825

Country

USA

REINSTATEMENT 00-62

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/31/1994

5. FEI Number

65-0547124

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 KARR

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

2398 BEACH DRIVE

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

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 R. Karr

Date 10/15/03

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
P	RUTH A KARR	2398 BEACH DR	AVON PARK, FL 33825
TSU	MICHAEL KARR	2398 BEACH DR	AVON PARK, FL 33825

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:

Michael R. Karr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

863-453-2500

Daytime Phone #

CR2E081 (10/02)