

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *all*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV 25 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093529

1. Corporation Name  
RMH MEDICAL, INC.

Mailing Address Principal Place of Business  
152 WEST GRANADA BLVD SAME  
ORMOND BEACH, FL 32174

REINSTATEMENT *as per*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12-28-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3251817	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S, D	ROBERT H. SCOTT, JR.	152 W. GRANADA BLVD	ORMOND BEACH, FL 32174

200002014462--0  
-11/26/96-01104-019  
\*\*\*575.00 \*\*\*575.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUE UPHAM  
152 W. GRANADA BLVD  
ORMOND BEACH, FL 32174

Name ROBERT H. SCOTT, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
152 W. GRANADA BLVD  
Suite, Apt. #, Etc.  
City ORMOND BEACH  
State FL Zip Code 32174

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11-22-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-96 904 676-4650

Date Daytime Phone