

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000007178**

1. Corporation Name

ASSOCIATED HEALTHCORE, INC.

Principal Place of Business

**1255 E BAY AVE
LAKE CITY FL**

Mailing Address

**1255 E BAY AVE
LAKE CITY FL**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1437 N. OHIO AVE

City & State
LAKE OAK, FL

Zip
32060 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1010 E BAY AVE

City & State
LAKE CITY FL

Zip
32056 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1985

5. FEI Number

59-322465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PRESIDENT	PAUL SMITH	2 HILLSIDE DR.	LAKE CITY, FL 32055
SECRETARY	KENNETH A. WATSON	1010 E BAY AVE	LAKE CITY, FL 32056
DIRECTOR	STEPHEN SMITH	2 HILLSIDE DR	LAKE CITY, FL 32055
DIRECTOR	MICHAEL SMITH	2 HILLSIDE DR	LAKE CITY, FL 32055
			400001999894-3
			-11/08/95--01017--017
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

**SMITH, PAUL V
1255 E BAY AVE
LAKE CITY FL**

9. Name and Address of New Registered Agent

Name
KENNETH A. WATSON
Street Address (P.O. Box Number is Not Acceptable)
1010 E BAY AVE
Suite, Apt. #, Etc.
City
LAKE CITY State
FL Zip Code
32056

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/19/96**

11. 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.)

12. 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/19/96** 908-209-1444
Daytime Phone