

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 14, 2008 8:00 A.M.
Secretary of State

REINSTATEMENT 06-08^{K5}
CR2E081 (12/07)

DOCUMENT #P95000015362

1. Corporation Name

Cornerstone Health Care Services CORPORATION

2. Principal Office Address - No P.O. Box #

17411 Bridge Hill Court

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip
33647

Country

Hillsborough

3. Mailing Office Address

17411 Bridge Hill Court

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip
33647

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida** 1995

5. FEI Number
59-3300732

☐ 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

Dane W. Cutler (President and Owner)

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

15304 Vincent Court

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33647

☒ 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.

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

Dane W. Cutler

Date 2/12/2008

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
Chairman	Dane W. Cutler	15304 Vincent Court	Tampa / Florida / 33647
President	Same	Same	Same
Secretary	Same	Same	Same
CFO	Same	Same	Same

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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 119, 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:

Dane W. Cutler

Dane W. Cutler

2/12/2008

813-975-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #