

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

99 JUN -7 PM 12:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037866**

1. Corporation Name

PALM GLADES RURAL HEALTH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

217 WEST AVE A
 BELLE GLADES FL 33430
 US

13740 FOLKESTONE CIR
 WELLINGTON FL 33414
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

217 West Avenue A
 Belle Glade, FL
 33430 Palm Beach

4. Date Incorporated or Qualified To Do Business In Florida

04/26/1996

5. FEI Number

65-0678427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
D	EDGE, WILLIAM K	217 WEST AVENUE A	BELLE GLADE FL 33430

600002905836-3
 -06/15/99--01107--020
 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent:

LAURENCE, JODI B
 7777 GLADES ROAD
 SUITE 300
 BOCA RATON FL 33434

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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

Jodi Laurence
 REGISTERED AGENT MUST SIGN

Date: 5/30/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99
 Date

561-992-4888
 Daytime Phone #

KH