

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 11 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037866
1. Corporation Name
Palm Glades Rural Health Assoc. Inc

REINSTATEMENT 06-07
CR2E081 (1/07) APM

2. Principal Office Address - No P.O. Box # <u>217 West Que A</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>217 W. Que A</u> Suite, Apt. #, etc.	
City & State <u>Belle Glade, FL</u>		City & State <u>Belle Glade, FL</u>	
Zip <u>33430</u>	Country <u>Palm Beach</u>	Zip <u>33430</u>	Country <u>Palm Beach</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>4-26-96</u>	
5. FEI Number <u>65-0678427</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Keith Hurbs

Street Address (P.O. Box Number is Not Acceptable)
217 W. Que A

Suite, Apt. #, Etc.

City Belle Glade State FL Zip Code 33430

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 [Signature] Date 12-10-07

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
<u>P</u>	<u>Keith Hurbs</u>	<u>217 W. Que A, Belle Glade</u>	<u>Belle Glade, FL 33430</u>
<u>V</u>	<u>Ann Hurbs</u>	<u>217 W. Que A</u>	<u>Belle Glade, FL 33430</u>

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12/19/07--01011--020 **300.00

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: [Signature] Date 12-10-07 (561) 985-3484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #