APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED

00 JUN 30 PH 2: 06

SECRETARY OF STATE TALEVEARSSEE, FLORIDA

DOCUMENT # `P97000052487

1. Corporation Name

CHRYSALIS HEALTHCARE GROUP, INC.

Principal Place of Business

Mailing Address

4699 State Road 7							
Suite A-1							
Fort Lauderdale, FLORIDA 33319							
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				ļ			
2. New Principal Office Address, If Applicable 5557 W. Oakland Blvd.	W. Oakland Blvd.		Date Incorporated or Qualified To Do Business in Fforida				
Suite, Apt. #, etc. Suite, Apt. #				5. FEI Number Applied For			
187_ City & State			1	65-0787616 Applied For Not Applicable			
		chill / Florida		6			
Zip Country USA	33313	Countr	/ SA			\$8.75 Additional Fee required for a Certificate of Status	
Names and Street Addresses of Each Officer are	nd/or Director (Flo	rida nonprofit corpora	tions must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors .		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		r	City / State / Zip		
D JANICE GAGNE		4699 State Road 7			Ft. Lauderdale, FL 33319		
		Suite A-1					
			DM 75 C 670 MAIL		erio nece Q V.	· 62·	
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				9000033301590 -07/20/0001061018 ***1050,00 *****/050.00			
					****1050.	UU **** 1000.00	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
	•		Name	CHADOM I	שמדשה הכט	A CH2E081 (12/98)	
Janice Gagne 4699 State Road 7 2400				JILL SHARON WHITE, ESQ. Street Address (P.O. Box Number is Not Acceptable)			
				South Dixie Highway			
Suite A-1 Suite Suite Suite							
Fort Lauderdale, FL 33319 : City Miami					F	tate Zip Code 33133	
10. I, being appointed the registered agent of the a	bove named corpo	ration, am familiar wi	th and accept the c	obligations of Sect	tion 607.0505, F.S.	,	
Signature of Registered Agent	PEGISTERED AG	ENT MUST SIGN			Date (0.2)	3.00	
· · · · · · · · · · · · · · · · · · ·							
 This corporation owes the Intanglole Personal Properties. 			Yes	□ No □	(See other on in	r side for information ntangible tax.)	
I certify that I am an officer or director or the recthis reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my	ssolution has been e names of individ	eliminated, the corpo luals listed on this for	rate name satisfies n do not qualify for	the requirements an exemption un	of section 607.0401 or 61	7.0401, F.S., that all fees	
	. 4	,		•	6.28.00		
SIGNATURE:	PRINTED NAME OF	SIGNING OFFICER OR E	IRECTOR		Date	Daytime Phone #	
SIGNATURE AND THE ON T	White OF	J. S. C.	201011				