


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>991000058344</u>		FILED 98 NOV 24 AM 10:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000002698720--6 -12/01/98--01045--004 *****750.00 *****750.00	
1. Corporation Name CREST HEALTH SYSTEMS, INC.			
Principal Place of Business 516 Bunkers Cove Road; Panama City, FL 32401			
Mailing Address P. O. Box 12478 Panama City, FL 32401			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <u>516 Bunkers Cove Road</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>P.O. Box 12478 32401</u> Suite, Apt. #, etc.	
City & State <u>Panama City, FL 32401</u>		City & State <u>Panama City, FL 32401</u>	
Zip <u>32401</u>	Country <u>US</u>	Zip <u>32401</u>	Country <u>US</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>07/02/97</u>		5. FEI Number <u>59-3453750</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
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
Pres	Mary K. Sittman	516 Bunkers Cove Road	Panama City, FL 32401
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
John Taylor 475 Harrison Avenue Panama City, FL 32401		Name <u>Mary K. Sittman</u> Street Address (P.O. Box Number is Not Acceptable) <u>516 Bunkers Cove Road</u> Suite, Apt. #, Etc. City <u>Panama City</u> State <u>FL</u> Zip Code <u>32401</u>	
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 <u>Mary K. Sittman</u> Date <u>11/23/98</u> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Mary K. Sittman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>11/23/98</u> (850) 785-7759 Daytime Phone #	

CR2040 (1/98)