

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 27 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066152

1. Corporation Name

AMERI-LIFE AND HEALTH SERVICES OF
SAVANNAH, INC.

2. Principal Office Address

3. Mailing Office Address

2536 COUNTRYSIDE BLVD.

same as principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SIXTH FLOOR

City & State

City & State

CLEARWATER

FLORIDA

Zip

Country

Zip

Country

33763

USA

33763

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

Applied For

650942164

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

R. MAURY THORNTON

300003119373-0

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

-02/01/00--01120--014

2536 COUNTRYSIDE BOULEVARD

****900.00 ****900.00

Suite, Apt. #, Etc.

SIXTH FLOOR

City

CLEARWATER

State

Zip Code

FL

33763

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

R. MAURY THORNTON

REGISTERED AGENT MUST SIGN

Date JANUARY 13, 2000

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
Dir.	W. Dennis Pepe	2536 Countryside Blvd.	Clearwater, FL 33763
Pres.	" "	Sixth Floor	
Sec.	R. Maury Thornton	2536 Countryside Blvd.	Clearwater, FL 33763
Treas.		Sixth Floor	

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 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:

W Dennis Pepe

W Dennis Pepe

1/14/00

727-726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #