

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 9:51

DOCUMENT # **P98000023560**

1. Corporation Name

HEALTHTRUST MARKETING GROUP, INC.

2. Principal Office Address

3830-5 Williamsburg Park Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32257

City & State

Zip

32257

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 11, 1998

5. FEI Number

593497898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

TED ABBEY

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

3830-5 Williamsburg Park Blvd.

Suite, Apt. #, Etc.

#5

City

Jacksonville, FL

State

FL

Zip Code

32257

300004341073-4

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******900.00 ****900.00**

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

REGISTERED AGENT MUST SIGN

Date

5/11/01

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
P	Ted Abbey	3830-5 Williamsburg Park Blvd.	Jacksonville, FL 32257

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/01

Daytime Phone #