

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 14 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

SIGNATURE HEALTH SERVICES, INC

PA800041085

2. Principal Office Address

1711 Hammondville Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

City & State

Zip

33069

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-083-2664

Applied For

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

Dale Gibson

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

1711 Hammondville Rd.

Suite, Apt. #, Etc.

City

Pompano Beach

State  
FL

Zip Code  
33069

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

*Dale Gibson*

REGISTERED AGENT MUST SIGN

Date 03-10-2003

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
Pres.	Dale Gibson	6410 NW 20th Court	Sunrise, Florida 33313
V/D	Dale Gibson	6410 NW 20th Court	Sunrise, Florida 33313
S/D	Dale Gibson	6410 NW 20th Court	Sunrise, Florida 33313

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:

*Dale Gibson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/2003

Daytime Phone #

CR25081 (10/02)

**SIGNATURE HEALTH SERVICES INC.**

1711 Hammondville Rd. Pompano Beach, FL. 33069

954-972-6450 fax: 954-972-7028

March 10, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

**Re: Reinstatement of Signature Health Services Inc. E.I.N # 65-0832664**

To Whom It May Concern:

We are requesting reinstatement of the above named Corporation.

Please waive the \$600.00 penalty fee for reinstatement, we did not receive a reinstatement packet because the packet was sent to the wrong address.

Our correct address is: 1711 Hammondville Rd. Pompano Beach, FL. 33069

Sincerely Yours,



Dale Gibson  
Registered Agent