

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 AUG -7 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000050207

**1. Corporation Name**

AMERICAN HEALTH CARE CENTER, INC.

**2. Principal Office Address**

2090 Havendale Blvd.

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Winter Haven, FL

**City & State**

**Zip**

33881

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/04/1998

**5. FEI Number**

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**

Dr. Rajinder S. Puri

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

1 Lakeland Square, 4120 US Highway 98 North

**Suite, Apt. #, Etc.**

**City**

Lakeland

**State**

FL

**Zip Code**

33809

**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

Date

8.5.02

REGISTERED AGENT MUST SIGN

**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,D	Dr. Rajinder Puri	1 Lakeland Square 4120 US Highway 98 North	Lakeland, Florida 33809

**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 filling 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

Daytime Phone #

R2E081 (9/01)

**CC&M**  
**CLARK, CAMPBELL & MAWHINNEY, P.A.**  
**ATTORNEYS AT LAW**

RONALD L. CLARK\*  
TIMOTHY F. CAMPBELL†  
JOSEPH P. MAWHINNEY  
BERNARD H. GENTRY  
JOHN J. LANCASTER, LL.M.\*\*

500 SOUTH FLORIDA AVENUE, SUITE 800  
LAKELAND, FLORIDA 33801

POST OFFICE BOX 24627  
LAKELAND, FLORIDA 33802

TELEPHONE: (863) 647-5337  
FAX: (863) 647-5012

WWW.CCMATTORNEYS.COM

H. ADAM AIRTH, JR., LL.M.  
ALISON D. CLARK  
CONNIE C. DURRENCE  
CRAIG B. HILL  
AMANDA PERALTA JARRET  
MICHAEL E. WORKMAN

OF COUNSEL  
GEORGE BODE  
REGISTERED PATENT ATTORNEY

\* Board Certified Real Estate Attorney

† Board Certified City, County and Local Government Attorney

\*\* Also admitted to practice in Tennessee

August 7, 2002

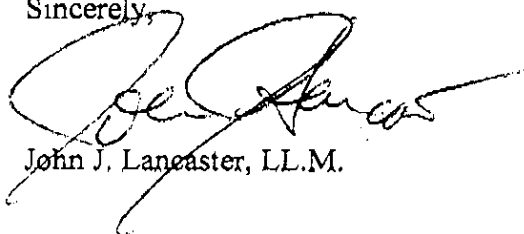
Mr. Sean Toner  
Senior Section Administrator  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: American Health Care Center, Inc.  
P98000049659

Dear Mr. Toner:

This letter is in reference to our client, Rajinder S. Puri, and American Health Care Center, Inc. Our client's former attorney prepared the initial filing for the corporation and was the registered agent. He since left his partnership and changed his mailing address. The UBR was sent to our client's former attorney and was never forwarded to our client. We respectfully request that all penalties be waived for our client. Going forward, we will ensure that the UBR's are timely filed.

Sincerely,



John J. Lancaster, LL.M.

JJL/dd



ACCOUNT NO. : 072100000032

REFERENCE : 693592 82866A

AUTHORIZATION :

*Patricia Pzyt*

COST LIMIT : \$ 600.00

ORDER DATE : August 6, 2002

ORDER TIME : 9:56 AM

ORDER NO. : 693592-005

CUSTOMER NO: 82866A

CUSTOMER: John J. Lancaster, Esq  
Clark, Campbell & Mawhinney,  
Suite 800  
500 South Florida Avenue  
Lakeland, FL 33801

DOMESTIC FILINGS

NAME: AMERICAN HEALTH CARE CENTER,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 AUG - 7 PM 3:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REGISTRATION  
TALLAHASSEE, FLORIDA