

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 AM 10:34

DOCUMENT # P98000100824

1. Corporation Name

Lifeline Health Care of North Florida, Inc.

2. Principal Office Address

1321 Southeast 25th Loop,

Suite, Apt. #, etc.

Suite #103

City & State

Ocala, Florida

Zip

34471

Country

United States

3. Mailing Office Address

600 Clifty Street

Suite, Apt. #, etc.

City & State

Somerset, Kentucky

Zip

42503

Country

United States

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

12/03/98

5. FEI Number

593551233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

CFRA, LLC

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

4221 West Boy Scout Boulevard, 10th Floor

Suite, Apt. #, Etc.

Corporate Center Three at International Plaza

City

Tampa

State

FL

Zip Code

33607

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 2/4/05

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
COB	James T. Wilson	554 Highway 790	Bronston, Kentucky 42518
CEO	James T. Wilson	554 Highway 790	Bronston, Kentucky 42518
DST	Dr. Richard Weddle	208 College	Somerset, Kentucky 42501
DP	James M. Frazer	7 Stonehedge Drive	Monticello, Kentucky 42633
D	Keith Sinclair	600 Clifty Street	Somerset, Kentucky 42503

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

4/10/05

Daytime Phone #

606-679-4100

CR2E081 (01/05)