

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -3 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 597093

1. Corporation Name

SANA OF JACKSONVILLE, INC.

2. Principal Office Address

2140 Kingsley Avenue

3. Mailing Office Address

2140 Kingsley Avenue

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

Suite 12

City & State

Orange Park, Florida

City & State

Orange Park, Florida

Zip

32073

Country

USA

Zip

32073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/2/91

5. FEI Number

59-3101436

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.

Date March 2, 2000

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
D/V	Lee Najjar	3135 Medlock Bridge Rd.	Norcross, GA 30071
			Norcross, 30071
D	Bassem Najjar	8430 Mizner Circle	Jacksonville, FL 32217
			32217

600003157596-6

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:

Lee Najjar, Vice Pres.

March 2, 2000 770-300-9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S97093

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 610835 4322291

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 1058.75

ORDER DATE : March 3, 2000

ORDER TIME : 11:49 AM

ORDER NO. : 610835-005

CUSTOMER NO: 4322291

CUSTOMER: Mr. James Walker
Powell Goldstein Frazer &
191 Peachtree St., N.e.
16th Floor
Atlanta, GA 30303

DOMESTIC FILINGS

NAME: SANA OF JACKSONVILLE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
00 MAR -3 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA