

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB 13 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V13148**

1. Corporation Name

Provider Healthcare, Inc.

Principal Place of Business

**201 North Elm
Sallisaw, OK 74955**

Mailing Address

**Mat Madison Turner
Danna, McNary
150 N. Meramec, 4th Floor
Clayton, MO 63105**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

***1058.75 ***1058.75

2/11/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3108453

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Kelly Mitchell	201 North Elm	Sallisaw, OK 74955
Secty.	"	"	"
Dir.	"	"	"

REINSTATEMENT

8. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

J. L. Miles, Asst. Secy.

Date **January 30, 1998**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/31/98 918-775-6200

CR2E040 (1/2/96)