W04000018733

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 25 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700524

1. Corporation Name
Central Florida Speech and Hearing Center, Inc.
W04000018733

000037622420
06/03/04--01018--019 **420.00

2. Principal Office Address	3. Mailing Office Address
710 E. Bella Vista	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State
Zip: 33805 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/25/60

5. FEI Number: 59-0939466 ☐ 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: L. Gay Ratcliff

Street Address (P.O. Box Number is Not Acceptable): 6979 Starmount Dr

Suite, Apt. #, Etc.:

City: Lakeland | State: FL | Zip Code: 33810

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 o. 617.0503, F.S.

Signature of Registered Agent: L. Gay Ratcliff — Date: 4/28/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
C	Sharon Miller	935 Farrington Dr	LAKELAND, FL 33803
VC	Larry Miller	9150 W. Lake Ruby Dr	Winter Haven, FL 33884
S	Bill Mutz	3901 Cheverly Dr E	Lakeland, FL 33813
T	Janet Fansler	2623 Woodwind Hills Ln	Lakeland, FL 33813

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: L. Gay Ratcliff — 4/28/04 — 863-686-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L. Gay Ratcliff

B