

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

P-96000077909

1. Corporation Name

Health First Medical Wellness Center,  
Inc.

2. Principal Office Address

10333 Seminole Blvd

Suite, Apt. #, etc.

11

City & State

Largo, FL

Zip

33778

Country

Pinellas

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

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

Keith A. Kretschmar

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

10333 Seminole Blvd

Suite, Apt. #, Etc.

11

City

Largo

State

FL

Zip Code

33778

000029953480

03/05/04 01048 002 \*\*\*SOL 00

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

*Keith A. Kretschmar*

Date

3-3-04

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
President	Keith A Kretschmar	8601 Meadow Brook Dr.	Largo, FL 33777
Secretary	Patricia Kretschmar	same	same
VP			
Treasurer			

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:

Patricia Kretschmar *Patricia Kretschmar*

Date

3-3-04

Daytime Phone #

727-349-9268

CR2E081 (01/04)