

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

96 NOV 13 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61855**

1. Corporation Name

HEALTH TEST, INC.

Principal Place of Business

3341 SW 15TH STREET
POMPANO BEACH FL 33069

Mailing Address

P.O. BOX 8726
FT. LAUDERDALE FL 33310-8726

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

09/04/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0700043.

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P D	ARONOWITZ, JACK L	3341 SW 15TH STREET	POMPANO BEACH FL 33069
S	EPSTEIN, MARTIN D.	3341 SW 15TH STREET	POMPANO BEACH, FL 33069

700002009367-3
-11/20/96-01025-026
***383.75 ***383.75

8. Name and Address of Current Registered Agent

ARONOWITZ, JACK L
3341 SW 15TH STREET
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

11/8/96

Date

Daytime Phone