

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



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

FILED

02 MAY 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02



2001 UBR

DOCUMENT # 249883

1. Corporation Name

SCH OF PINELLAS COUNTY, INC.

Principal Place of Business

2025 INDIAN ROCKS RD.
LARGO FL 34649-9025

Mailing Address

P.O. BOX 2025
LARGO FL 34649-9025

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1961

5. FEI Number

59-0954614

Applied For

Not Applicable

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	4 City / State / Zip
PD	HULLEY, WILLIAM C D.O.	2025 INDIAN ROCKS RD.	LARGO FL
SD	TAYLOR,, J. ERIC, JR D.O.	18 FERNBROOKE DR	SAFETY HARBOR FL 34695

200004697602--1
-11/29/01--01020--002
****420.00 *****61.25

460005618734--1
-05/27/02--01001--014
1677.50 *838.75

8. Name and Address of Current Registered Agent

HULLEY, WILLIAM C.
2025 INDIAN ROCKS RD.
LARGO FL 34644

9. Name and Address of New Registered Agent

Name

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

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.

200004697602--1
-05/27/02--01001--014
1677.50 *838.75

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)