

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 19 AM 8:18

DOCUMENT # 700524

1. Corporation Name

Central Florida Speech & Hearing Center, Inc

2. Principal Office Address - No P.O. Box #

710 East Bella Vista Street

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33805-3009

Country

USA

3. Mailing Office Address

710 East Bella Vista Street

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33805-3009

Country

USA

600139168326
12/19/08--01029--005 **122.50

REINSTATEMENT

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

February 25, 1960

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)

710 East Bella Vista Street

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

\$122.50

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

L. Gay Ratcliff

REGISTERED AGENT MUST SIGN

Date November 24, 2008

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/D	G.F. Zimmermann	203 Kerewood Drive	Lakeland, FL 33806-2036
D	Walker W. Wilkerson	811 East Main Street	Lakeland, FL 33801
V/D	Joe L. Ruthven	41 Lake Morton Drive	Lakeland, FL 33801
S/D	Doretha Brooks	3433 Winter Lake Road	Lakeland, 33803-9807
T/D	Darlene Eanett	331 South Florida Avenue	Lakeland, FL 33803
P	L. Gay Ratcliff	6979 Starmount Drive	Lakeland, FL 33810

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 contained in Chapter 119, 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

L. Gay Ratcliff 11/24/2008 863-686-3189

Date

Daytime Phone #

12/22/08