

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 19 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733156

1. Corporation Name

Dr. Ella Piper Center, Inc.

2. Principal Office Address

1971 French St

Suite, Apt. #, etc.

A

City & State

Ft Myers, Fl

Zip

33916

Country

USA

3. Mailing Office Address

1971 French St

Suite, Apt. #, etc.

A

City & State

Ft. Myers, Fl

Zip

33916

Country

USA

**4. Date incorporated or Qualified
To Do Business in Florida**

1970

5. FEI Number

591634230

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

Willie Battle

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

1971 French St

Suite, Apt. #, Etc.

A

City

Ft. Myers

State

FL

Zip Code

33916

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

Willie Battle

REGISTERED AGENT MUST SIGN

Date

9/4/03

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
PD	Willie Battle	1971 French St Suite A	Ft. Myers, Fl 33916
D	Joseph Battle	1971 French St. Suite A	Ft. Myers , Fl 33916
D	Will Mohammad	1971 French St. Suite A	Ft. Myers, Fl 33916

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:

Willie Battle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/03

Date

Daytime Phone #

CR2E081 (10/02)

7/4/19