

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 737404

1. Corporation Name

DISCOVERY - THE GESTALT AND HUMANISTIC INSTITUT E, INC.

Principal Place of Business

1420 W BUSCH BLVD
TAMPA FL 33612

Mailing Address

1420 W BUSCH BLVD
TAMPA FL 33612

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.

1426 W. BUSCH BLVD

Suite, Apt. #, etc.

1426 W. BUSCH BL.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33612

Country

USA

Zip

33612

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1976

5. FEI Number

59-1724256

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
T	TRIMMER, THOMAS	1420 W BUSCH BLVD	TAMPA FL
PD	PERSONS, ROY W	1420 W BUSCH BLVD	TAMPA, FL 00000
T	PERSONS, NATASHA	1420 W BUSCH BLVD	TAMPA, FL 00000

900003026199-5
-10/27/99--01055--005
*****61.25 *****61.25

10/10/25

8. Name and Address of Current Registered Agent

PERSONS, NATASHA
1420 W BUSCH BLVD
TAMPA FL 33612

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

ROY PERSONS REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-99

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:

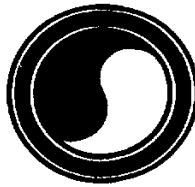
ROY PERSONS REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROY PERSONS

10-13-99

Date

Daytime Phone #

CR20240 (8/99)



DISCOVERY
the GESTALT
and HUMANISTIC
institute

10-13-99

Department of State

I received notice my non-profit
Corp. had been dissolved because I had
not filled out the yearly forms. I called
your office a few minutes ago and
explained that I never received the
forms because we moved our office
and did not receive your forms in
the mail. We did not receive a lot of
our mail. The clerk on the telephone
when I called said to write this letter
of explanation and send \$61.25. I hope
that this is satisfactory. My new address
is Discovery

1426 W. Busch Blvd.
Tampa, FL
33612