

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 24 AM 8:25

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 755573

1. Corporation Name

*SOUTH GULF COAST CHAPTER OF CAH, INC.*

000073752150  
05/02/06--01062--008 \*\*481.25

REINSTATEMENT 02-06  
CR2E081 (12/05)

2. Principal Office Address

*13600 GULFBREEZE ST*

Suite, Apt. #, etc.

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

City & State

*FORT MYERS, FL*

City & State

Zip

*33907*

Country

*USA*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*12/16/1980*

5. FEI Number

*592124780*

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

*ROBERT J. PODVIN, EXECUTIVE DIRECTOR.*

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

*13600 GULFBREEZE ST.*

Suite, Apt. #, Etc.

City

*FORT MYERS*

State

*FL*

Zip Code

*33907*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *4-20-2006*

**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
<i>VP</i>	<i>WILLIAM CHINI</i>	<i>3880 SPRING GARDEN LN.</i>	<i>ESTERO, FL. 33928-2385</i>
<i>S</i>	<i>BONITA VANDALL</i>	<i>21260 LAZY D FARM RD.</i>	<i>ESTERO, FL. 33928-9526</i>
<i>T</i>	<i>MIKE TURNER</i>	<i>2536 SW 11 TH. AVE</i>	<i>CAPE CORAL, FL. 33914-4115</i>
<i>EDIR</i>	<i>ROBERT J. PODVIN</i>	<i>13600 GULFBREEZE ST.</i>	<i>FORT MYERS, FL. 33907-1835</i>
<i>D</i>	<i>STEVE RIDENOUR</i>	<i>1291 RONALD ST</i>	<i>NORTH PORT, FL 34286-5223</i>
<i>D</i>	<i>WM. D. WHITE</i>	<i>PO BOX 110156</i>	<i>NAPLES, FL 34108-0103</i>

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]* *ROBERT J. PODVIN*

*4-20-2006 239-466-9757*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #