

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 SEP -9 PM 4:21

SECRETARY OF STATE  
10800048351  
09/09/05--01011--001 \*\*450.00

DOCUMENT #

H36945

1. Corporation Name

NORTHEAST HEARING AID  
CENTER, INC

2. Principal Office Address

3177 Fourth St E.

Suite, Apt. #, etc.

3. Mailing Office Address

3177 Fourth St E.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

Zip

33704

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/4/85

5. FEI Number

592463747

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

Fred Waldmann

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

8506 30 St E.

Suite, Apt. #, Etc.

City

Parrish

State

FL

Zip Code

34219

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

Fred Waldmann

Date

9/7/05

REGISTERED AGENT MUST SIGN

**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
P	Fred Waldmann	8506 30 St E Parrish FL 34219	Parrish FL 34219
VP	Arlene Waldmann	8506 30 St E	Parrish FL 34219
S	Holly Cole	11326 30 Cove E	Parrish FL 34219

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:

Frederick A Waldmann  
Frederick A Waldmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/7/05

Daytime Phone #

727 822 2132

941 776 5030

W  
H