

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009166975
11/22/02--01035--015 **750.00



REINSTATEMENT 02

DOCUMENT # K36382

1. Corporation Name

ACCESS HEALTH ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

~~2016 S. ORANGE AVE~~
~~ORLANDO FL 32806~~

~~2016 S. ORANGE AVE~~
~~ORLANDO FL 32806~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11800 28TH ST. NO.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11800 28TH ST. NO.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1988

5. FEI Number

59-3542362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
St. Petersburg, FL

Zip 33716 Country USA

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St. Petersburg, FL

Zip 33716 Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OP	PAULIK, DANIEL J	2016 ORANGE AVE	ORLANDO FL 32806
DVP	MIRACLE, STEVEN	2016 S ORANGE AVE	ORLANDO FL 32806
PD	Robert Salvesson	11800 28TH ST. NO.	St. Petersburg, FL. 33716
SD	Joseph Camillo	11800 28TH ST. NO.	St. Petersburg, FL. 33716
D	Pamela Cohen	11800 28TH ST. NO.	St. Petersburg, FL. 33716

8. Name and Address of Current Registered Agent

~~PAULIK, DANIEL J~~
~~2016 S. ORANGE AVE~~
~~ORLANDO FL 32806~~

9. Name and Address of New Registered Agent

Name Joseph Camillo
Street Address (P.O. Box Number is Not Acceptable)
11800 28TH ST. NO.
Suite, Apt. #, Etc.

City St. Petersburg

State FL

Zip Code 33716

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. or 617.0505, F.S.

Signature of
Registered Agent

Joseph Camillo
REGISTERED AGENT MUST SIGN

Date

11/20/2002

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:

Joseph Camillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2002

Date

727-592-0146
Daytime Phone #

CR2E040 (8/02)