

FILED

00 NOV 28 PM 3: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida 2/13/90

5. FEI Number 650183224

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

Nancy M. Troast

(previously registered)

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

12645 New Brittany Blvd

Suite, Apt. #, Etc.

City

Ft. 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

Farym frommo

REGISTERED AGENT MUST SIGN

Date 10-26-00

**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

DO

Nancy M. TROAST, DO

12645 New Britany Blvd

Fl. Myers, #33907

100003505831--1

~~12/19/00 01057 020~~

\*\*\*758.75 \*\*\*758.75

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:**

Nancy Whitcomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

10:26:00 (941) 278-5854

Daytime Phone #