

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV 12 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95990**

1. Corporation Name

COMMUNITY SCHOOL OF TRADITIONAL CHINESE HEALTH CARE, INC.

Principal Place of Business

C/O KEVIN CLARK
~~1190 NE 125 STREET~~
~~N. MIAMI FL 33161~~

Mailing Address

130 N. DIXIE HWY
~~1190 NE 125 STREET~~
HOLLYWOOD FL 33020
US

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

2. New Principal Office Address, If Applicable

130 NORTH DIXIE HIGHWAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

City & State

SAME

Zip

33020

Country

USA

Zip

same

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/24/1990

5. FEI Number

~~65-0288389~~
65-0248389

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CLARK, KEVIN	1190 NE 125 ST.	N. MIAMI FL
D	CLARK, SHELIA G.	1190 N. E. 125 STREET	N. MIAMI FL

500002347535--8
-11/14/97--01068--020
*****758.75 ***758.75**

8. Name and Address of Current Registered Agent

CLARK, KEVIN

~~1190 NE 125 STREET~~
~~N. MIAMI FL 33161~~

130 N. Dixie Highway
Hollywood, FL.
33020

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

KEVIN D. CLARK, PRESIDENT
REGISTERED AGENT MUST SIGN

Date **11-7-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(l), 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 AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN D. CLARK, PRESIDENT

11-7-97

Date

Daytime Phone #

CR2040 (8/97)