

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 19 AM 10:47

DOCUMENT # M99725

1. Corporation Name

HEALTH EDUCATION, INCORPORATED

Principal Place of Business

Mailing Address

6278 N. FEDERAL HWY
#224
FT. LAUDERDALE FL 33308
US

6278 N. FEDERAL HWY.
#224
FT. LAUDERDALE FL 33308



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1988

5. FEI Number

65-0382203

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FUZY, JETTA LEE	6227-B BAYCLUB DR.	FT. LAUDERDALE FL
V	FUZY, PAUL J., JR.	6227-BAY CLUB DR #3	FT. LAUDERDALE FL
M	FUZY, JELEEN	6227-BAY CLUB DR #3	FT. LAUDERDALE FL 33308
		2128 NE 63ct	
		2128 NE 63ct	
		2128 NE 63ct	

600004744716-8
-12/31/01--01049--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUZY, JETTA LEE
6495 BAY CLUB DRIVE #3
FT. LAUDERDALE FL 33308

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

Jetta Lee

REGISTERED AGENT MUST SIGN

Date

12/15/01

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:

Jetta Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-01 954 938-0527

Daytime Phone #