

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 DEC 30 PM 5:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M99725**

1. Corporation Name

**HEALTH EDUCATION, INCORPORATED**

Principal Place of Business

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

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



**REINSTATEMENT 2002**

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	2128 NE 63 CT	FT. LAUDERDALE FL
V	FUZY, PAUL J JR	2128 NE 63 CT	FT. LAUDERDALE FL
M	FUZY, JELEEN	2128 NE 63 CT	FT. LAUDERDALE FL 33308

600009746046  
12/30/02--01097--003 \*\*750.00

8. Name and Address of Current Registered Agent

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/27/02

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #