

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN 22 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06454**

1. Corporation Name

COCOA BEACH AREA HEALTH SERVICES, INC.

Principal Place of Business

**C/O WALTER T. ROSE JR.
P.O. BOX 321255
COCOA BEACH FL 32932-8255**

Mailing Address

**P.O. BOX 320069
COCOA BEACH FL 32932-0069
US**

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2477478

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CD	BUSSEN, BRIAN	701 W. COCOA BEACH CSWY.	COCOA BEACH FL 32931
VCD	MILLER CAROLYN	701 W. COCOA BEACH CSWY	COCOA BEACH FL 32931
SD	SPEZZANO, VINCENT	701 W. COCOA BEACH CSWY.	COCOA BEACH FL 32931
TD	JONES, MARVIN	701 W. COCOA BEACH CSWY	COCOA BCH. FL 32931
PD	GARRISON, LARRY F	701 W. COCOA BEACH CAUSEWAY	COCOA BEACH FL 32931
			100002068171--3 -01/24/97-01092-001 *****61085 *****61085 JBT-2-97

8. Name and Address of Current Registered Agent

**ROSE, WALTER T., JR.
101 N. ATLANTIC AVE.
COCOA BEACH FL 32931**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002068171--3

-01/24/97-01092-002

*****245.00 *****245.00

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

REGISTERED AGENT MUST SIGN

Date **12/30/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/97 12/30/96 407 799-7188