

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12108**

1. Corporation Name

VOLUSIA COUNTY HEALTH DEPARTMENT EMPLOYEES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1330 S WOODLAND BLVD
DELAND FL 32720

1330 S WOODLAND BLVD
DELAND FL 32720



REINSTATEMENT 03

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

11/15/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2895495

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 3	City / State / Zip 4
PD	SESSIONS, WALTER L	1330 S WOODLAND BLVD	DELAND FL 32720
VPD	WILL, HEATHER	2752 B ENTERPRISE RD	ORANGE CITY FL 32763
TD	BAHENA, MARISOL	1330 S. WOODLAND BLVD	DELAND FL 32720
D	BAHENA, MARISOL	1330 S WOODLAND BLVD	DELAND FL 32720
SD	SOTO, ANA M	767 FORT SMITH BLVD	DELTONA FL 32725
SD	RACICOT, ELAINE	SAME	900024923969 11/21/03--01036--004 **236.25

8. Name and Address of Current Registered Agent

SESSIONS, WALTER L
1330 S WOODLAND BLVD
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

WALTER L. SESSIONS

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

1330 S. WOODLAND BLVD

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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

Walter L. Sessions
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/10/03

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:

Walter L. Sessions
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

(386) 736-5022

CR2E040 (7/03)