

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 23 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N19293**

**1. Corporation Name**

The Florida Association of Business and Health Coalitions, Inc.

1111 N. Westshore Blvd.

1111 N. Westshore Blvd.

**2. Principal Office Address**

1111 N. Westshore Blvd.

**3. Mailing Office Address**

1111 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite 608

Suite, Apt. #, etc.

Suite 608

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607-4702

Country

USA

Zip

33607-4702

Country

USA

900041258209

09/22/04--01042--002 \*\*428.75

09/14/01 90025 036 6125

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/12/1987

**5. FEI Number**

65-0133430

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dr. Frank M. Brocato

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

1111 N. Westshore Blvd.

Suite, Apt. #, Etc.

Suite 608

City

Tampa

State  
FL

Zip Code  
33607-4702

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Dr. Frank M. Brocato*  
REGISTERED AGENT MUST SIGN

Date 9/21/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Dr. Frank M. Brocato	1111 N. Westshore Blvd., Suite 608	Tampa, FL 33607-4702
V/C/D	Mr. Richard G. Trapp	1111 N. Westshore Blvd., Suite 608	Tampa, FL 33607-4702
S/T/D	Mr. Peter Nolan	1111 N. Westshore Blvd., Suite 608	Tampa, FL 33607-4702

**10. 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

*Dr. Frank M. Brocato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/21/04 813-281-5665

Daytime Phone #

CR2E081 (01/04)