

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 27 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N34602

1. Corporation Name

COMPLEMENTARY HEALTH EDUCATION CENTER, INC.

Principal Place of Business

Mailing Address

2208 NW 71ST PLACE
GAINESVILLE FL 32653
US

2208 NW 71ST PLACE
GAINESVILLE FL 32653
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

P.O. Box 358143

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2993279

Applied For

Not Applicable

City & State

City & State
Gainesville FL

Zip

Country

Zip

Country

32635-8143

US

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
D	BUCHHOLZ, LORETTA	2208 NW 71ST PL	GAINESVILLE FL 32653
D	MASIA, ROBIN	13728 SW 1ST LANE	NEWBERRY FL 32669
D	CAMPBELL, CHARLES	10011 NW 156 TH AVENUE	ALACHUA FL 32615
D	GIUNTA, NANCY	923 SW 98TH STREET	GAINESVILLE FL 32607
D	HEVER, JANE	1810 NW 23RD BLVD #236	GAINESVILLE FL 32605

REINSTATEMENT T8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUCHHOLZ, LORETTA
2208 NW 71ST PL
GAINESVILLE FL 32653

Name

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

000003524540-6

Suite, Apt. #, Etc.

-01/05/01--01022-011

City

****245.00

****245.00

State

Zip Code

FL

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

Loretta Buchholz
REGISTERED AGENT MUST SIGN

Date 12-5-00

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

12-6-00

Date

(352)
338-0012

Daytime Phone #