

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 NOV 15 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42205

1. Corporation Name

COMMUNITY HEALTH FOUNDATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

74 W. SECOND STREET
APOPKA FL 32703

P.O. BOX 1249
APOPKA FL 32704



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/22/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		50-3052767	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$675. A minimum fee is required for all certificates of status.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CDX C, D	PRICE, WILLIAM Mario Ebanietti	333 EAST STROY ROAD	WINTER GARDEN, FL 34748
DX VC, D	WILLIAMS, MARK Rena Freeman	74 W. 2ND ST 1939 Shannon Lane	APOPKA, FL 32703
SDX D	GEORGE, TOM Andrea Lawrence	PO BOX 11905 WAX 7512 Dr. Phillips Blvd, #50-218	ORLANDO, FL 32819
D	Moses Smith	8421 Village Green Road	Orlando, FL 32818
			300003058633--0
			12/02/99 01041 000
			***236.25 ***236.25

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PRICE, WILLIAM 333 EAST STROY RD WINTER GARDEN FL 34787		Name Mark S. Williams Street Address (P.O. Box Number is Not Acceptable) 214 South Lake Avenue Suite, Apt. #, Etc. City Apopka State FL Zip Code 32703	

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: Mark S. Williams **REQUIRED** Date: 10/26/99
REGISTERED AGENT MUST SIGN

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: Rena Freeman **REQUIRED** 11/2/99 407-303-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2540 (8-99)