

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

02/22/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

50-3052767

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75. A fee is 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
XX C, D	PRICE, WILLIAM Mario Ebanietti	333 EAST STROY ROAD	35104 River- side Court Leesburg, FL 34748
VC, D	WILLIAMS, MARK Rena Freeman	74 W. 2ND ST	1939 Shannon Lane Apopka, FL 32703
SDX D	GEORGE, TOM Andrea Lawrence	PO BOX 11901	7512 Dr. Phil- lips 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

8. Name and Address of Current Registered Agent

PRICE, WILLIAM
333 EAST STROY RD
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent

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**

REGISTERED AGENT MUST SIGN

Date **10/26/99**

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/99

407-303-6929
Daytime Phone #