

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1991

5. FEI Number

59-3052767

Applied For

Not Applicable

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
GD	EBANIETTI, MARIO	35104 RIVERSIDE COURT	LEESBURG FL 34748
CVD	LAWRENCE, ANDREA	7512 DR. PHILLIPS BLVD., #50-218	ORLANDO FL 32819
D	SMITH, MOSES	8421 VILLAGE GREEN ROAD	ORLANDO FL 32818
CD	CHUSTZ, MAE	4808 WEST PONKAN ROAD	Apopka, FL 32712
D	BERGEE, THOM	P.O. Box 4038	Winter Park FL 32793-4038
D	NORMAN, Jim	6234 Brookhill Circle	Orlando, FL 32810

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, MARK S
214 SOUTH LAKE AVENUE
APOPKA FL 32703

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

10/20/01

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:

Mae Chustz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/2001

Date

Daytime Phone #