

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT

02

DOCUMENT # N93000005480

1. Corporation Name

PROFESSIONALS FOR EXCELLENCE IN HEALTH CARE, INC.

Principal Place of Business

Mailing Address

612 HARBOR ISLAND  
CLEARWATER FL 33767

612 HARBOR ISLAND  
CLEARWATER FL 33767

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

12/06/1993

5. FEI Number

59-3220752

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CARPENTER, JANA Q	612 HARBOR ISLAND	CLEARWATER FL 34630 33767
D	AVERY, JAN	1845 JESSICA RD.	CLEARWATER FL 34625
D	TRAGOS, GEORGE ESQ.	601 CLEVELAND ST. SUITE 800	CLEARWATER FL

AG 11/27

8. Name and Address of Current Registered Agent

CARPENTER, JANA  
612 HARBOR ISLAND  
CLEARWATER FL 33767

9. Name and Address of New Registered Agent

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

*Jana Carpenter*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-7-00

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

*Jana Carpenter* 11/7/00

Date

Daytime Phone #

727  
443 3470