

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005412

1. Corporation Name

CRITICAL CARE EDUCATORS, INC.

Principal Place of Business

85 WEST MILLER ST.  
SUITE 204  
ORLANDO FL 32806

Mailing Address

85 W MILLER ST  
SUITE 204  
ORLANDO FL 32806  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2518 MADRON CT  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 560158  
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32806

Country

USA

Zip

32856-0158

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/1994

5. FEI Number

59-3276729

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
D	SWANSON, MARK E	85 W. MILLER ST., STE. 204- 2518 MADRON CT	ORLANDO FL 32806
D	TILELLI, JOHN A	85 W. MILLER ST., STE. 204	ORLANDO FL 32806
D	FARRELL, MARY M	85 W. MILLER ST., STE. 204	ORLANDO FL 32806
D	PEARCE, JOE BOB	85 W. MILLER ST., STE. 204	ORLANDO FL 32806

8. Name and Address of Current Registered Agent

SWANSON, MARK E M.D.  
85 WEST MILLER ST.  
SUITE 204  
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

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

2518 MADRON CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32806

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. or 617.0505, F.S.

Signature of  
Registered Agent

Mark E. Swanson, M.D.  
REGISTERED AGENT MUST SIGN

Date 10-26-02

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.

MARK E. SWANSON, M.D.

SIGNATURE:

Mark E. Swanson, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-02 407-650-7332

Date

Daytime Phone #

CR2E040 (8/02)