

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 21 AM 8:35

DOCUMENT # N96000004249

1. Corporation Name

WORKFORCE ALLIANCE, INC.

SECRETARY OF STATE  
300009149959  
11/21/02 01062-020 236.25

Principal Place of Business

2051 MARTIN LUTHER KING JR  
SUITE 302  
RIVIERA BEACH FL 33404  
US

Mailing Address

2051 MARTIN LUTHER KING JR  
SUITE 302  
RIVIERA BEACH FL 33404  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/14/1996

5. FEI Number 65-0709274

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
DC	CHESTER, DON W	INTRACOASTAL HEALTHCARE, 901 45T 64 S.E. 5th Ave	WEST PALM BEACH FL 33407
VD	Bill Wood	11046 OAKWAY Circle	Delray Beach, FL 33483
DD	DAVIS, MAX		PALM BEACH GARDENS FL 33410
DS	WILLIAMS, JUAN J	1525 A PROSPERITY FARMS ROAD 4200 Congress Ave	LAKE PARK FL 33403
DT	DR. Dennis Gallon	9901 RYDER CUP BLVD.	LAKE WORTH, FL 33461
DT	CARLSON, SUZANNE	854 Fathom Rd, West	PALM BEACH GARDENS FL 33410
DP	Dave Talley	2051 MARTIN LUTHER KING JR. BLV	N. Palm Beh, FL 33408
DP	MONTGOMERY, KENNETH E		RIVIERA BEACH FL 33404
CFO	NORRIS, Joyce	2051 Martin Luther King	Riviera Bch FL 33404

8. Name and Address of Current Registered Agent

FINLEY, CHANDLER R

FINLEY & ASSOCIATES, P.A.

1645 PALM BEACH LAKES BLVD., #320 #460

WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name c/o Chandler Finley & Associates, P.A.

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

Suite, Apt. #, Etc.

Suite #460

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-14-2002

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

Date

Daytime Phone #

11/8/02 5618410200

CR2E040 (8/02)