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APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # N96000004269

1. Corporation Name

Atlantis Healing Center, Inc.

00 JUN -9 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

122, 6th St., Atlantic Beach,
Jacksonville, Florida 32233600003321616--3
-07/13/00--01006--008
****306.25 ****306.25

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

2. New Principal Office Address, If Applicable

122 6th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

122 6th Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

August 9, 1996

5. FEI Number

59-3403886

Applied For

Not Applicable

City & State

Atlantic Beach, Florida

City & State

Atlantic Beach, Florida

Zip

32233

Country

USA

Zip

32233

Country

USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	Bridget Freeman	122 6th Street	Atlantic Beach, Fl 32233
VPD	David Dolan	9088 Golfside Drive	Jacksonville, Fl 32256
VPD	Leiah Carr	5478 Windermere Drive	Jacksonville, Fl 32211
SD	Daniel S. Putnam	4728 Blackburn Street	Jacksonville, Fl 32210
TD	Stephanie Sipp	2953 Downing Street	Jacksonville, Fl 32205
D	Dennis J. Lafer	13124 Mandarin Road	Jacksonville, Fl 32223

See attachment

8. Name and Address of Current Registered Agent

John E. Lawlor, III
One Independent Drive
Suite 2600
Jacksonville, Florida 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

6/6/00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☐No ☒(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bridget Freeman

Date

6/2/00

Daytime Phone #

904-247-5281

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Atlantis Healing Center, Inc.
Document # N96000004269

ATTACHMENT TO APPLICATION FOR REINSTATEMENT

Line 7 (Officer and Directors):

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>
D	Betty Bowen	6840 Sans Souci Road	Jacksonville, Florida 32216
D	Linda Pancoast	9440 Kells Road	Jacksonville, Florida 32257
D	Cheryl Taylor	10040 Dovetail Court S.	Jacksonville, Florida 32251