

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
01-02
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 11 PM 4:00

DOCUMENT # N96000004269

1. Corporation Name

Atlantis Healing Center, Inc.

Principal Place of Business

Mailing Address

412, 2nd Street South, Atlantic
Jacksonville Beach,
Jacksonville FL 32250.

400004785144--5
-01/18/02--01068--002
****131.25 ****131.25

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

2. New Principal Office Address, If Applicable

412, 2nd St. South.

3. New Mailing Office Address, If Applicable

412, 2nd St. South.

4. Date Incorporated or Qualified
To Do Business in Florida

August 9 1996

Suite, Apt. #, etc.

JACKSONVILLE BEACH.

Suite, Apt. #, etc.

Jacksonville Beach

5. FEI Number

59-3403886

Applied For

Not Applicable

City & State

Jacksonville FL.

City & State

Jacksonville FL.

Zip

32250.

Country

DUVAL/USA

Zip

32250

Country

DUVAL/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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	Bridget Freeman	298, Pine Street	Jacksonville Atlantic Beach, FL 32233
V.P.D.	Daniel S. Putnam	4128, Blackburn Street	Jacksonville FL 32210
C	David Dolan	9088 Golfside Drive	Jacksonville FL 32256
S.D.	Stephanie Sipp	2953 Downing Street	Jacksonville FL 32205
T.D.	FREDRIC ELIAS	298, Pine Street	Jacksonville Atlantic Beach FL 32233
D.	Dennis J. Lafer	13124 Mandarin Rd.	Jacksonville FL 32223

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name Lawrence R. Patterson
Street Address (P.O. Box Number is Not Acceptable)
3010 So. 3rd St.
Suite, Apt. #, Etc.
City Jacksonville Beach State FL Zip Code 32250

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

Lawrence R. Patterson

REGISTERED AGENT MUST SIGN

Date 1/2/2002

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:

Bridget Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIDGET FREEMAN

12/27/01

904 247 5281

904 242 0774

Date

Daytime Phone #

CR20040 (1/96)