

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004269

1. Corporation Name

ATLANTIS HEALING CENTER, INC.

Principal Place of Business

412. 2ND STREET SOUTH  
JACKSONVILLE FL 32250

Mailing Address

412. 2ND STREET SOUTH  
JACKSONVILLE FL 32250

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

08/09/1996

5. FEI Number

59-3403886

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
PD ST	FREEMAN, BRIDGET	298 PINE STREET	ATLANTIC BEACH FL 32233
<del>D</del>	<del>BOLAN, DAVID</del> Sharon O'Brien	9888 GOLFSIDE DRIVE 4303 N.W. 21st Dr.	JACKSONVILLE FL 32256 Gainesville FL 32211
<del>TDD D</del>	<del>ELADI, FREDERIC</del> Lawrence R. Patterson	298 PINE ST 3010 3rd St.	ATLANTIC BEACH FL 32233 JACKSONVILLE, FL 32250
<del>VPD</del>	<del>PUTNAM, DANIEL S</del>	4728 BLACKBURN STREET	JACKSONVILLE FL 32210
<del>SD</del>	<del>SIPP, STEPHANIE</del>	2853 DOWNING STREET	JACKSONVILLE FL 32205
<del>D</del>	<del>LAFER, DENNIS J</del>	43124 MANDARIN ROAD	JACKSONVILLE FL 32223

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATTERSON, LAWRENCE R  
3010 S. 3RD STREET  
JACKSONVILLE BEACH FL 32250

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lawrence R. Patterson*

Date 11/19/03

REGISTERED AGENT MUST SIGN

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:

*Lawrence R. Patterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03

904  
242 0774  
Daytime Phone #

FILED  
03 DEC 31 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)