

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$245.00

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N97000006007

1. Corporation Name

THE O.P.E.N. CENTER, INC.

Principal Place of Business

1310 W COLONIAL DRIVE  
STE 29  
ORLANDO FL 32804

Mailing Address

230 N. LAKELAND AVE.  
ORLANDO FL 32805

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  
7674 St Stephens CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orlando, FL

Zip

Country

Zip

32835

Country

Orange

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	SERAAJ, KEVIN REV	218 S. LIME AVE.	ORLANDO FL 32805
VD	MOORE, ERIC M.D.	218 S. LIME AVENUE	ORLANDO FL 32805
SD	JACKSON-CARROLL, DANNA	1310 W. COLONIAL DR., STE. 29	ORLANDO FL 32804
TD	TAYLOR, KELLI CPA	1310 W. COLONIAL DR., STE. 29	ORLANDO FL 32804
PCEO	Lawanna Gelzer	7674 St Stephens CT	Orlando, FL

8. Name and Address of Current Registered Agent

GELZER, LAWANNA R  
1310 WEST COLONIAL DRIVE  
SUITE 29  
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name  
Lawanna Gelzer  
Street Address (P.O. Box Number is Not Acceptable)  
7674 St Stephens CT  
Suite, Apt. #, Etc.  
City  
Orlando  
State  
FL  
Zip Code  
32835

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 10/15/03

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 #

10/15/03 (407) 999-9090

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 17 AM 9:32

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 17 AM 9:32  
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03 OCT 17 AM 9:32 \*\*735.00

REINSTATEMENT

03

10/24/1997

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3463538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E040 (7/03)