

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000006244

1. Corporation Name

PARKINSON SELF-HELP GROUP OF THE TREASURE COAST, INC.

Principal Place of Business

2607 CHESTERFIELD DR.  
FORT PIERCE FL 34982

Mailing Address

2607 CHESTERFIELD DR.  
FORT PIERCE FL 34982

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  
To Do Business in Florida

5. FEI Number

52-2083667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

FILED

02 FEB 18 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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-02/28/02--01044--009  
\*\*\*\*\*61.25

11/05/1997

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.	CLAASSEN, D. RICHARD	2607 CHESTERFIELD DR.	FORT PIERCE FL 34982
D	FUHR, BARBARA	600 BALSSAM DR	FORT PIERCE FL 34
DS	WYSE, PATRICIA J	14583 DULCE REAL	FORT PIERCE FL 34951
DT	BUTLER, HELEN J	2909 FIDDLEWOOD CIR	PORT SAINT LUCIE FL 34952
D	BUTLER, JAMES T	2909 FIDDLEWOOD CIR	PORT SAINT LUCIE FL 34952
D	CHASE, EDYN	1753 SE N BLACKWELL DR	PORT SAINT LUCIE FL 34952

8. Name and Address of Current Registered Agent

CLAASSEN, D. RICHARD  
2607 CHESTERFIELD DR.  
FORT PIERCE FL 34982

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
700005026517--5  
Suite, Apt. #, Etc.  
-02/28/02--01044--010  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
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.

Signature of Registered Agent

SIGNATURE REQUIRED  
D. RICHARD CLAASSEN  
REGISTERED AGENT MUST SIGN

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Date 12/26/01 \*\*\*175.00

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:

Helen J. Butler  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/01

CR2E040 (801)