

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N98000000697*

1. Corporation Name

H.E.A.L.T.H.K.F.D.S. Corp.

2. Principal Office Address - No P.O. Box #

149 Thistlewood Court

Suite, Apt. #, etc.

Suite A

City & State

Tallahassee, Florida

Zip

32312

Country

United States

3. Mailing Office Address

149 Thistlewood Court

Suite, Apt. #, etc.

Suite A

City & State

Tallahassee, Florida

Zip

32312

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593547466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara A. Thompson

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

149 Thistlewood Court

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32312

REINSTATEMENT

2009-2012

200225416092

*03/20/12--01021--005 ***420.00*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara A. Thompson

Date

3/14/12

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	<i>Barbara A. Thompson</i>	<i>149 Thistlewood Court</i>	<i>Tallahassee, FL 32312</i>
VPD	<i>Willie J. Thompson</i>	<i>149 Thistlewood Court</i>	<i>Tallahassee, FL 32312</i>
TD	<i>Virden Evans</i>	<i>1628 Hedgefield Drive</i>	<i>Tallahassee, FL 32312</i>
D	<i>Gibran A. Thompson</i>	<i>800 Virginia St. Apt. 112</i>	<i>Tallahassee, FL</i>
D	<i>Denise Kearsce</i>	<i>c/o 149 Thistlewood Court</i>	<i>Tallahassee 32312</i>

10. E-mail Address: *Barbara149@comcast.net*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Barbara A. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/12 (850) 894-2990

Daytime Phone #

FILED
12 MAR 21 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA