

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N99000006168**

1. Corporation Name

**CHRISTIAN PODIATRIC AND MEDICAL MISSION CORPORATION**

Principal Place of Business

2308 GREENSIDE COURT  
PONTE VEDRA BEACH FL 32082

Mailing Address

2308 GREENSIDE COURT  
PONTE VEDRA BEACH FL 32082

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 or Qualified  
To Do Business in Florida

10/08/1999

5. FEI Number

52-2193714

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

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FILED  
00 OCT 30 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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
D	GROSHELL, HOWARD J	P.O. BOX 407052	FORT LAUDERDALE FL 33340
D	ADSHADE, RUSTY	% 2308 GREENSIDE COURT	PONTE VEDRA BEACH FL 32082
D	GROSHELL, HOWARD G	2308 GREENSIDE COURT	PONTE VEDRA BEACH FL 32082
			200003468902--4 -11/17/00--01073--003 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

SLAMA, ROBERT J  
1817 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

X

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

X 10/21/00

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.

**KE**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #