

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012419

1. Corporation Name

Five Star Hearing, Inc

REINSTATEMENT 02-03

100024085801

11/26/03--01070--026 **873.75

10/27/03--01096--012 **35.00

2. Principal Office Address

1044 Castello Drive

Suite, Apt. #, etc.

#105

City & State

Naples FL

Zip

34103

Country

Collier

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-31-2000

5. FEI Number

59-3626280

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

Kathy Lamb

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

1044 Castello Drive

Suite, Apt. #, Etc.

#105

City

Naples

State

FL

Zip Code

34103

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

Kathy Lamb

REGISTERED AGENT MUST SIGN

Date 11/3/03

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
Pres.	Thomas C. Gillespie	5814 S. Havanna Court	Denver, CO 80111
V.P.	Kathy E. Lamb	6724 Hartland St.	Ft. Myers, FL 33912
Dir.	Kathy Gillespie	5814 S. Havanna Court	Denver, CO 80111
			100024085801
			11/20

10. 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:

Kathy Lamb, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/03

Daytime Phone #

CR2E081 (10/02)