

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 APR 18 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000046238

**1. Corporation Name**

BURKLOW HEALTH PRODUCTS, INC.

**2. Principal Office Address**

333 Creekstone Ridge

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

City & State

Woodstock, GA 30188

City & State

Zip

30188

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3638139

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

600016365746  
04/21/03--01018--002 \*\*300.00

**7. Name and Address of Current Registered Agent**

Name

Stephen A. Burklow

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

4880 Woodbine Road

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

**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

*Stephen A. Burklow*

Date

4-14-2003

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
D	Burklow, James W.	413 Bottesford Drive	Kennesaw, GA 30144
D	Burklow, Stephen A.	2979 Greystone Drive	Pace, FL 32571

REINSTATEMENT

02/10/03

T. Lewis 4/18/03

**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:**

*Stephen A. Burklow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-2003

Daytime Phone #

CR2E081 (10/02)