

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -6 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000048492

1. Corporation Name

Woodmere Hearing Center, Inc.

2. Principal Office Address

3. Mailing Office Address

4120 Woodmere Park Blvd Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 8A

City & State

City & State

Venice, FL

Zip

Country

Zip

Country

34293

Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/00

5. FEI Number

65-1008063

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

Daniel L. Prewett

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

5777 Beneva Road S.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Daniel L. Prewett Daniel L. Prewett

REGISTERED AGENT MUST SIGN

Date

11/26/02

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
VPS	Vicki Royer-Connell	4235 Tennyson Way	Venice, FL 34293
PTD	W.W. Royer	617 Khyber Lane	Venice, FL 34293

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.W. Royer W.W. ROYER

Date

11/26/02

Daytime Phone #

941-408-8077

CR2E081 (9/01)

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