

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000048492

1. Corporation Name

WOODMERE HEARING CENTER, INC.

Principal Place of Business

4120 WOODMERE PARK BLVD.
SUITE 8A
VENICE FL 34293

Mailing Address

4235 TENNYSON WAY
VENICE FL 34293

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

4120 WOODMERE PARK BLVD

Suite, Apt. #, etc.

8A

City & State

Venice FL 34293

Zip

34293

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2000

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. 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
VPS	ROYER-CONNELL, VICKI M	4235 TENNYSON WAY	VENICE FL 34293
PTD	ROYER, W W	617 KHYBER LANE	VENICE FL 34293

800024253718
10/29/03--01053--029 **150.00

8. Name and Address of Current Registered Agent

PREWETT, DANIEL
5777 BENEVA ROAD SOUTH
SARASOTA FL 34233

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. or 617.0505, F.S.

Signature of
Registered Agent

Daniel Prewett

REGISTERED AGENT MUST SIGN

Date

10/20/03

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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

CR2E040 (7/03)

WOODMERE HEARING CENTER, INC.
d/b/a Beltone Hearing Center
4120 Woodmere Park Blvd.
Venice, FL 34293
(941)408-8077

October 27, 2003

Florida Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Woodmere Hearing Center, Inc.
P00000048492

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. In early 2003, we changed locations and never received the renewal notice for tax year 2003.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

I have enclosed the completed form and payment for the annual fee of \$150.00.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,

W. W. Royer, President

Enclosure