

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -7 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084287

1. Corporation Name

ELITE HEALTH SYSTEMS OF  
PALM HARBOR, INC.

REINSTATEMENT

03

100023008641

10/07/03 --01003--021 \*\*758.75

2. Principal Office Address

34621 U.S. HWY. 19 N.

Suite, Apt. #, etc.

3. Mailing Office Address

34621 U.S. HWY. 19 N.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34684

Country

Zip

34684

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/01/2000

5. FEI Number

59-3670643

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

LAURIE CHAPMAN

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

34621 U.S. HWY. 19 N.

Suite, Apt. #, Etc.

PALM HARBOR (P)

City

FL PALM HARBOR

State

FL

Zip Code

34684

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

*Laurie Chapman*

REGISTERED AGENT MUST SIGN

Date

9/29/03

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
P	LAURIE CHAPMAN	7910 LAKE PLACID LN.	New Port Richey, FL 34655
VP	RAMZY SHEHAYEB	2971 ESTANCIA BLVD # 427	CLEARWATER, FL 33761

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:

*Ramzy Shehayeb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMZY SHEHAYEB

9/29/03

Date

Daytime Phone #

(727) 7861661

CR2E081 (10/02)

2/10/15