

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089460

1. Corporation Name

C.V.B. HEALTH CHOICE, INC.

2. Principal Office Address

2450 S. Park Road

Suite, Apt. #, etc.

Suite 213

City & State

Pembroke Park, FL

Zip

33009

Country

3. Mailing Office Address

2450 S. Park Road

Suite, Apt. #, etc.

Suite 213

City & State

Pembroke Park, FL

Zip

33009

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/00

5. FEI Number

65-1042007

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

Bailey, Charles V III

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

2450 S. Park Road

Suite, Apt. #, Etc.

Suite 213

City

Pembroke Park

State

FL

Zip Code

33009

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

Charles V Bailey

Date

12/8/04

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
P, D	Bailey, Charles V III	2450 S. Park Road #213	Pembroke Park FL 33009

DR 12/13

10004336561  
12/13/04--01061--004 \*\*900.00

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:

Charles V Bailey, Pres.

Pres.

12/8/04

Date

Daytime Phone #

CR2E081 (01/04)