

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

03 APR -8 AM 8:05

DOCUMENT # **P01000078227**

1. Corporation Name

WATERFORD LAKES WOMEN'S HEALTH CENTER, INC.

REINSTATEMENT
TALLAHASSEE, FLORIDA

02-03

200013907702

04/08/03--01007--011 **150.00



200013907702

03/11/03--01011--020 **750.00

Principal Place of Business

Mailing Address

~~944 WESSON DR.
CASSELBERRY FL 32707~~

~~944 WESSON DR.
CASSELBERRY FL 32707~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11399 Lake Underhill Rd

Suite, Apt. #, etc.

Ste. A

Orlando FL

32825 Orange

3. New Mailing Office Address, If Applicable

11399 Lake Underhill Rd

Suite, Apt. #, etc.

Suite A

Orlando FL

32825 Orange

4. Date Incorporated or Qualified To Do Business in Florida

08/06/2001

5. FEI Number

593734408

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LOPEZ, FERNANDO	944 WESSON DR.	CASSELBERRY FL 32707

8. Name and Address of Current Registered Agent

LOPEZ, FERNANDO
944 WESSON DR.
CASSELBERRY-FL 32707

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

Fernando Lopez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3/7/03

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:

Fernando Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Fernando Lopez** **3/7/03** **407-2066768**

Date

Daytime Phone #

CR2E040 (8/02)