

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 23 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005728

1. Corporation Name

KAREN WOLCHUCK SHER HEALTH CARE CONSULTING COMPA
NY

Principal Place of Business

Mailing Address

8651 MAIDSTONE COURT
LARGO FL 33777

8651 MAIDSTONE COURT
LARGO FL 33777

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2002

5. FEI Number

80 0030857

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Karen Wolchuck Sher	8651 Maidstone Court	Largo, Florida 33777

200024055512
10/23/03--01070--030 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHER, KAREN W
8651 MAIDSTONE COURT
LARGO FL 33777

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

Karen Wolchuck Sher
REGISTERED AGENT MUST SIGN

Date October 14, 2003

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:

Karen Wolchuck Sher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-398-7702

October 14, 2003

CR20040 (7/03)

KAREN WOLCHUCK SHER HEALTH CARE CONSULTING COMPANY
8651 Maidstone Court
Largo, Florida 33777
727-398-7702

October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: Document # PO2000005728
Karen Wolchuck Sher Health Care Consulting Company

To Whom It May Concern:

I am requesting waiver of the reinstatement fee of the above-named corporation. The uniform business report (UBR) notices were not received. I am enclosing the completed application for reinstatement and the appropriate UBR filing fee and this letter, signed by me, an officer of the corporation. I am also enclosing the \$150.00 fee to file the report.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Karen Wolchuck Sher".

Karen Wolchuck Sher
President