

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 21 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000073690**

1. Corporation Name

ADVANCE MEDICAL HEALTH, INC.

Principal Place of Business

Mailing Address

10446 117 DR N
LARGO FL 33773

10446 117 DR N
LARGO FL 33773

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

050524269

Not Applicable

Zip

Country

Zip

Country

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
CEO	Jason Coment	10446 117th Dr. N. Largo, FL 33773	Largo, FL 33773
COO	Jeff Brockman	9337 ZAMBORA DR.	New Port Richey, FL 34655
CMO	Pier D. Frank	701 W. Fletcher Ave.	Tampa, FL 33612

200023966102
10/21/03--01049--001 **\$50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMENT, JASON W
10446 117 DR N
LARGO FL 33773

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/08/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/03

Date

727-319-3219

Daytime Phone #

CR2E040 (7/03)