

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 NOV -3 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000078324**

1. Corporation Name

MILLENIA HEALTHCARE INSTITUTE, INC.

Principal Place of Business

Mailing Address

1490 SOUTH MILITARY TRAIL
SUITE # 11
WEST PALM BEACH FL 33415

1490 SOUTH MILITARY TRAIL
SUITE # 11
WEST PALM BEACH FL 33415

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

07/18/2002

5. FEI Number

11-3646519

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ELLIOTT, CHARINE G	7369 WESCOTT TERRACE	LAKE WORTH FL 33467
V	MATTIS, JULIA D	8073 ABERDEEN DRIVE # 202A	BOYNTON BEACH FL 33437
S	LEWIS, LOUISE A	7670 SANTEETERRACE	LAKE WORTH FL 33467
T	ELLIOTT, SHARROL A	7369 WESCOTT TERRACE	LAKE WORTH FL 33467

100024376961
11/03/03--01045--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTIS, JULIA D
8073 ABERDEEN DRIVE
APT. # 202A
BOYNTON BEACH FL 33437

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

J. Mattis

REGISTERED AGENT MUST SIGN

Date 10/22/03

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: ELLIOTT CHARINE ELLIOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03
Date

561-642-4913
Daytime Phone #

CR2040 (7/03)

10/22/2003
10:10:10 AM

October 22, 2003

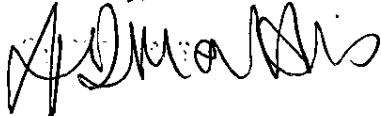
Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please be advised that this office did not receive the uniform business report notice for the year 2004. Therefore our annual report/uniform business report was not filed, resulting in administrative dissolution of the Millenia Healthcare Institute Corporation.

As a registered agent of the above named corporation, I am requesting that it be returned to active status. Enclosed please find a cashier's check in the amount \$150.00.

Sincerely,



Julia D. Mattis
Registered Agent