

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 10 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000124437**

1. Corporation Name

**GENUINE HEALTHCARE EDUCATION INC.**

Principal Place of Business

Mailing Address

332 49TH STREET SOUTH  
ST PETERSBURG FL 33707

332 49TH STREET SOUTH  
ST PETERSBURG FL 33707

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

**REINSTATEMENT** 03

4. Date incorporated or Qualified  
To Do Business in Florida

11/18/2002

5. FEI Number

02-0681489

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
PCEO	CUTHBERTSON, LOTTIE	4534 21ST AVE SO.	ST PETERSBURG FL 33711

900024575719  
11/10/03--01116--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUTHBERTSON, LOTTIE  
332 49TH STREET SOUTH  
ST PETERSBURG FL 33707

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]*  
REGISTERED AGENT MUST SIGN

Date 10-17-03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03

Date

727-323-2055

Daytime Phone #

CR2E040 (7/03)

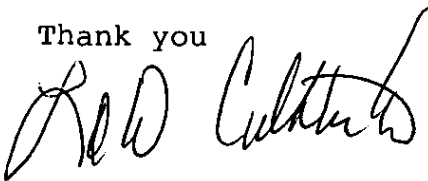
October 17, 2003

To whom it may concern,  
Department of State  
Division of Corporations

I Lottie Cuthbertson, Officer of Genuine Healthcare Education  
Document #P02000124437 am reinstatement of this corporation.

I did not receive a notice for the annual report. The only  
notice received was this Dissolution. I have enclosed the  
Application for Reinstatement and a check \$150.00.

Thank you

A handwritten signature in cursive script, appearing to read "Lottie Cuthbertson".

Lottie Cuthbertson