

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 APR 11 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30949

1 Corporation Name

MEDICAL HELP OF WINTER PARK, INC.

Mailing Address

Principal Place of Business

1353 PALMETTO AVE #250

WINTER PARK FL 32789

REINSTATEMENT 94-97

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

2 New Mailing Address, If Applicable

3 New Principal Office Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

9/14/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

33-0162999

Applied For

Not Applicable

1353 Palmetto Ave #250

same as mailing

City & State

City & State

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

32789

Orange

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PC	Day, Don	1353 Palmetto Ave #250	Winter Park FL 32789

700002142827--4

-04/14/97-01168-018

***1245.00 ***1245.00

94-11-97

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

Day, Don
1353 PALMETTO AVE #250
WINTER PARK FL 32789

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.

Signature of
Registered Agent

Don Day

Don Day

Date 4/10/97

REGISTERED AGENT MUST SIGN

11 If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Don Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

(407) 645-1003

Daytime Phone #

CR2043 (5-94)