

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -4 AM 9:14

DOCUMENT # P92000014156

1. Corporation Name

HEALTHCARE RECRUITERS OF CENTRAL FLORIDA, INC.

2. Principal Office Address

215 LINCOLN AVE. S.

Suite, Apt. #, etc.

3. Mailing Office Address

215 LINCOLN AVE. S.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33756

Country

US

City & State

CLEARWATER, FL

Zip

33756

Country

US

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/1992

5. FEI Number

59-3177683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Q. Fleury

Street Address (P.O. Box Number is Not Acceptable)

215 Lincoln Ave S.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Thomas Q. Fleury

REGISTERED AGENT MUST SIGN

Date

4/30/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Thomas Q. Fleury	215 Lincoln Ave S.	Clearwater, FL 33756
D	Rebecca L. Fleury	215 Lincoln Ave. S.	Clearwater, FL 33756

AD

10. 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:

Thomas Q. Fleury Thomas Q. Fleury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

727 467-9620

Daytime Phone #