

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

93 SEP 15 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076021**

The Health Basket, INC.

Principal Place of Business Mailing Address

**18834 U.S. Hwy 441
Mt Dora, FL 32757**

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

1. Principal Place of Business, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

59-3206784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. List of Officers and Directors of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Floyd M. Fincher	37901 Lake Palhousie Dr	Easton, FL 32736

900002993119--4
-09/22/99--01006--002
*****900.00 ***900.00**

8. Name and Address of Current Registered Agent

Floyd M. Fincher
37901 Lake Palhousie Dr
Easton, FL 32736

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, the undersigned, the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Floyd M. Fincher
REGISTERED AGENT MUST SIGN

Date **9-10-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I, the undersigned, an officer or director of 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 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 due to 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)(b), F.S. The information indicated on this form is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Floyd M. Fincher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-10-99** 352-735-1166
Daytime Phone #

CR208-12/98