

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 14 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009701

1. Corporation Name

HEALTHHELP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

333 N. SAM HOUSTON PKWY. EAST
SUITE 1285
HOUSTON TX 77060
US

333 N. SAM HOUSTON PKWY. EAST
SUITE 1285
HOUSTON TX 77060
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0429755

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CEO	FARNSWORTH, CHERRILL	333 N SAM HOUSTON PKWY E STE 128	HOUSTON TX
COO	BLANK, PATRICIA	333 N SAM HOUSTON PKWY STE 1285	HOUSTON TX 77060
CMO	SMITH, ROBIN M D	33 N SAM HOUSTON PKWY STE 1285	HOUSTON TX 77060
CFO/S	Jackson, Stephen W.	333 N Sam Houston Pkwy E Suite 1285	Houston, TX 77060
			9000003180189--8 -03/22/00--01077--007 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Stephen W. Jackson
REGISTERED AGENT MUST SIGN

Date 3/9/00

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:

Stephen W. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFD 3/3/00

Date

Daytime Phone #

KE