

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 17 AM 10:25

DOCUMENT # **P94000027962**

1. Corporation Name

**THE CONSUMER CENTER OF MID-FLORIDA, INC.**

Principal Place of Business

101 PHILIPPE PARKWAY  
SAFETY HARBOR FL 34695

Mailing Address

101 PHILIPPE PARKWAY  
SAFETY HARBOR FL 34695



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/06/1994

5. FEI Number

58-2114958

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	GEHR, DENNIS P	1111 SUMMER ST	STAMFORD CT 06906
P	BUZZARD, LYNN	519 DEACON BLVD STE A	WINSTON-SALEM NC 27105
V	HUDSON, ANN	101 PHILIPPE PARKWAY	SAFETY HARBOR FL 34695

700004743007--2  
-12/28/01--01074--003  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

HUDSON, ANN  
101 PHILIPPE PARKWAY  
SAFETY HARBOR FL 34695

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, 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

REGISTERED AGENT MUST SIGN

Date

11/5/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**THE CONSUMER CENTER  
OF MID FLORIDA, INC.**

2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: 58-2114958

Gentlemen,

We never received the original notice. We have filed and paid all the previous years annual reports and it was not our intention not to file this years'.

Please abate this penalty.

Enclosed is a check for \$ 150.00 for the 2000 annual report fee.

Sincerely

Ann Hudson

Vice President/Managing Partner