

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

2001 UBR

102

FILED

01 NOV -8 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041477

1. Corporation Name

FLORIDA HEALTH SERVICES OF LEE AND CHARLOTTE, IN
C.

Principal Place of Business

Mailing Address

~~1008 NE 7TH TERRACE~~ 1402 SE 47th St.
~~SUITE A~~ Suite 5
~~CAPE CORAL FL 33909~~ Cape Coral, FL 33904-9656



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

06/02/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0499267

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	TRUAX, DONALD	1008 NE 7TH TERRACE 1402 SE 47th St. Suite 5	CAPE CORAL FL 33909 Cape Coral FL 33904
D	TRUAX, JULIE	1008 NE 7TH TERRACE 1402 SE 47th St. Suite 5	CAPE CORAL FL 33909 Cape Coral FL 33904
			3000004703619--0 -12/04/01--01029--013 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRUAX, JULIE
~~1008 NE 7TH TERRACE~~ 1402 SE 47th St.
~~SUITE A~~ Suite 5
~~CAPE CORAL FL 33909~~ Cape Coral, FL 33904

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
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 REQUIRED
JULIE TRUAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-01 941-546 0800

CR2E040 (8/01)

202

Art Atway Accounting & Tax Service

2230 Cleveland Avenue
Fort Myers, Florida 33901

October 22, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Health Services of Lee & Charlotte, Inc.
P94000041477 Notice of Administrative Dissolution

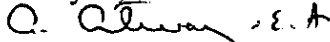
Gentlemen:

The above referenced corporation has received a notice of administrative dissolution. The corporation has moved during 2000 and was not receiving all of its mail. This notice was mailed to the old address rather than the new address of:

1402 SE 47th St. Suite 5
Cape Coral, Florida 33904-9656

Please accept the enclosed reinstatement form along with the \$150 filing fee. Please abate the \$600 late filing penalty, as the corporation never received the original report to file its annual business report because of the change of location.

Thank you,


Art Atway, E.A.