

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -5 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041477

1. Corporation Name

FLORIDA HEALTH SERVICES OF LEE AND CHARLOTTE, INC.

2. Principal Office Address

522 SE 34TH TERRACE

3. Mailing Office Address

522 SE 34TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

Zip

33904

Country

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date incorporated or Qualified
To Do Business in Florida

5. FFL Number

65-0499267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TRUAX, DONALD

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

522 SE 34TH TERRACE

Suite, Apt. #, Etc.

City

CAPE CORAL, FL

State

FL

Zip Code

33904

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

Donald Truax

REGISTERED AGENT MUST SIGN

Date

5-30-06

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	DONALD TRUAX	522 SE 34TH TERRACE	CAPE CORAL, FL 33904
	<i>\$619</i>		200076206912 06/14/06--01043--013 **450.00

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 contained in Chapter 119, 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:

Donald Truax

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-30-06 239-540-0800

Daytime Phone #

**ART ATWAY ACCOUNTING
CERTIFIED PUBLIC ACCOUNTANT**

2230 CLEVELAND AVENUE
FORT MYERS, FLORIDA 33901
TELEPHONE: (239) 332-1040
FAX: (239) 332-8944
e-mail: art@artwaycpa.com

AICPA MEMBER
FICPA MEMBER

May 22, 2006

Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314


Re: Document #P94000041477

Gentlemen:

The above referenced corporation has been filing and paying its UBR on a consistent basis. During the year 2004 the registered agent and director of the corporation became so ill that she passed away that same year. The corporate office was relocated to the present address where the remaining director was not aware of the corporation being dissolved.

Please accept the enclosed check in the amount of \$450 for the three years of 2004, 2005 and 2006 and reinstate the corporation to a current status. Also, please update the address and registered agent's information as reported on the reinstatement form.

Sincerely yours,


Art Atway, EA, CPA

Enclosure