

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 10 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045329

1. Corporation Name

CONSCIOUS CARE CENTER OF WHOLISTIC AND FUNCTIONAL MEDICINE, P.A.

Principal Place of Business

Mailing Address

412 CENTRAL PARK WEST
ALTAMONTE SPRINGS FL 32714

P.O. BOX 950183
LAKE MARY FL 32785-0183

SAME AS ← 111 WEST MAGNOLIA AVE, Suite 203
LONGWOOD, FLA 32750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1994

5. FEI Number

59-3252137

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PD | LIEBLING, SARA | 101 CRYSTALL VIEW S. | SANFORD FL 32773 |
| VD | VINIKAS, BRUCE | 101 CRYSTALL VIEW S. | SANFORD FL 32773 |
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| | | | |

4000002344934--7
-11/12/97--01088--012
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINIKAS, BRUCE
101 CRYSTALL VIEW SOUTH
SANFORD FL 32773

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

Bruce Vinikas
REGISTERED AGENT MUST SIGN

Date

11-5-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Bruce Vinikas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/97

407
331-8333

CR2EDM0 (8/97)



Conscious Care

Where the miracle of Nature is cherished and Her wisdom respected.

Division of Corporations
Reinstatement
P.O.Box 6327
Tallahassee, FL 32314-6327

11/5/97

Greetings,

Enclosed is our Annual Report application and fee for \$165.00.

After speaking with Sammy it was determined that the original first notice Annual Report form was sent to the wrong address and your records show it was returned undeliverable. (We did not receive it).

He explained that the Dept. can be lenient in forgiving the reinstatement fee for this year, and we are thankful for that.

Please note our new address on the application form.

Thank you,

Bruce Vinikas
Director/Officer