

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 NOV 12 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055712

1. Corporation Name

WELCOMECARE HEALTH PLAN, INC.

Principal Place of Business

~~601 6TH ST. SOUTH~~  
~~ST. PETERSBURG FL 33701~~

Mailing Address

~~601 6TH ST. SOUTH~~  
~~ST. PETERSBURG FL 33701~~

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

2. New Principal Office Address, If Applicable

17757 U.S. Hwy 19 North

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater, FL

Zip

34624

Country

3. New Mailing Office Address, If Applicable

17757 U.S. Hwy 19 North

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater, FL

Zip

34624

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/1994

5. FEI Number

59-3268329

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
D	MALLAH, ISAAC	3003 WEST ML KING BLVD	TAMPA FL
D	PAYNE, TRACY	1310 22nd AVE., SO	ST PETERSBURG, FL
D	ELLIS, ASTRID	1310 22ND AVE S	ST PETERSBURG FL
D/S	GINGER LAY	323 JEFFORDS ST	CLEARWATER, FL
D	HARRIS, STEPHEN	323 JEFFORDS ST	CLEARWATER FL
D	STEPHANIE DOUGHTY	701 SIXTH ST SO	ST PETERSBURG, FL
DV	HEINZ, DONALD J	701 6TH ST. SOUTH	ST. PETERSBURG FL
D/T	JEFF ANTOLIK	3003 WEST ML KING BLVD	TAMPA, FL
DC	HOUGHTON, BETH	801 6TH ST. SOUTH	ST. PETERSBURG FL
D	KAZMIERSKI, DIANE	701 6TH ST S	ST PETERSBURG FL

8. Name and Address of Current Registered Agent

HOUGHTON, BETH  
801 6TH ST. SOUTH  
ST. PETERSBURG FL 33701

9. Name and Address of Registered Agent

Name

REINSTATEMENT

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

Suite, Apt. #, Etc.

500002347995

-11/14/97-01103-014

City

\*\*\*750

State

\*\*\*750.00

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

*Beth Houghton* Chair  
REGISTERED AGENT MUST SIGN

Date 11/10/97

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:

*Beth Houghton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97

(813) 892-4400

Date

Daytime Phone #

CR2040 (8/97)