

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

97 NOV -5 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000058975**

1. Corporation Name

**OKEECHOBEE FAMILY HEALTH CENTER INC.**

Principal Place of Business

**3530 OKEECHOBEE RD  
FT PIERCE FL 34947**

Mailing Address

**3530 OKEECHOBEE RD  
FT PIERCE FL 34947**



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

**08/08/1994**

5. FEI Number

**65-0502821**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SEVERE, ADELINE	3530 OKEECHOBEE RD	FT PIERCE FL 34947
D	LARSEN, GUY P	3530 OKEECHOBEE RD	FT PIERCE FL 34947

500002343035--3  
-11/10/97--01119--0U  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

*(Signature)*  
*11/5/97*

8. Name and Address of Current Registered Agent

**SEVERE, ADELINE  
3530 OKEECHOBEE RD  
FT PIERCE FL 34947**

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

*(Signature of Adeline Severe)*  
REGISTERED AGENT MUST SIGN

Date **10-30-97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Signature of Adeline Severe)*  
Date **10-30-97**  
Daytime Phone #

CR2040 (8/97)