

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

1997 MAY 19 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800002187148--0  
-05/21/97--01101--010  
\*\*\*\*915.00 \*\*\*\*915.00



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

APPLICATION  
FOR  
REINSTATEMENT

DOCUMENT # P94000089610

1 Corporation Name  
**THE RESEARCH CENTER, INC.**

Principal Place of Business Mailing Address  
**711 NORTH PARSONS AVENUE P.O. BOX 3450  
BRANDON, FL 33511 BRANDON, FL  
33509-3450**

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  
The Research Center, Inc.  
Suite, Apt. #, etc  
P.O. Box 3450  
City & State  
Brandon, FL  
Zip Country  
33509-3450 Hillsborough

4 Date Incorporated or Qualified To Do Business in Florida **7/7/95**

5 FEI Number 561893608 Applied For  
P94000089610 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	NELIA S. FLETCHER	11217 LONGBROOKE DRIVE	RIVERVIEW, FL 33569
Med. Dir.	KIUMARS SHAMS, M.D.	507 S. HIGHVIEW CIRCLE	BRANDON, FL 33510

**REINSTATEMENT** 9-16-97  
253  
EPD/97

8. Name and Address of Current Registered Agent  
**LEITA LEAVELL**  
**P.O. 3450**  
**Brandon, FL 33509-3450**

9. Name and Address of New Registered Agent  
Name **NELIA S. FLETCHER**  
Street Address (P.O. Box Number is Not Acceptable)  
**11217 LONGBROOKE DRIVE**  
Suite, Apt. #, Etc.  
City **RIVERVIEW, FL** State **FL** Zip Code **33569**

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 Nelia S. Fletcher Date **5-15-97**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Nelia S. Fletcher Date **5-15-97** Daytime Phone # **813-685-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)