

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015362

1. Corporation Name

CORNERSTONE HEALTH CARE SERVICES CORPORATION

Principal Place of Business

15310 AMBERLY DRIVE
110
TAMPA FL 33647
US

Mailing Address

15310 AMBERLY DRIVE
110
TAMPA FL 33647
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3300732

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
DPS	CUTLER, DANE W	15310 AMBERLY DR STE-110	TAMPA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUTLER, DANE W
15310 AMBERLY DRIVE, SUITE 110
TAMPA FL 33647

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/2002

11. 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:

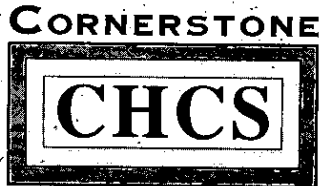
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2002 813-975-1157

Date

Daytime Phone #

CR2E040 (8/02)



Health Care Services, Inc.

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October 22, 2002

Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Attached you will find the Application For Reinstatement and a check for the related filing fee in the amount of \$150.00. At this time, we have not included a check for the reinstatement fee.

As president of this small corporation, I see all mail that we receive. Any persons that have access to the mail report directly to me and forward all mail to me (if I do not open the mail myself). To the best of my knowledge and the knowledge of my staff members that have limited access to the mail, we have not received any of the Uniform Business Report (UBR) notices informing that us any annual amount due or that corporation would be dissolved/revoked on or after September 13, 2002 if the report was not filed on time. I have reviewed our files and clearly see that we have always received notices in prior years and have always paid the annual filing fee on a timely basis. I simply have no idea why we did not receive any notices this year. With all of this in mind, I respectfully request that the \$600 reinstatement fee be waived.

If you have any questions concerning any of above, please do not hesitate to give me a call at 813-975-1157.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dane W. Cutler".

Dane W. Cutler
President