

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 PM 2:52

DOCUMENT # P9500063715

1. Corporation Name

Classic Health Concepts

2. Principal Office Address

4940-60th Ave. So.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

Country

33715

US

3. Mailing Office Address

4940-60th Ave. So.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

Country

33715

US

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3330635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia H. Byers

200004736143

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

4940-60th Ave. So.

-12/24/01--01002--001

***1058.75 ***1058.75

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33715

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Patricia H. Byers

Date

11/6/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	Patricia H. Byers	4940-60 th Ave. So.	St. Petersburg, FL 33715

10. 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:

Patricia H. Byers Patricia H. Byers

Date

11/6/01 727-866-6761

Daytime Phone #