

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000087140**

1. Corporation Name

**CONTEMPORARY REFERRALS, INC.**

Principal Place of Business

12773 FOREST HILL BLVD  
WELLINGTON FL 33414

Mailing Address

12773 FOREST HILL BLVD STE 101  
WELLINGTON FL 33414

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

11/14/1995

5. FEI Number

65-0631805

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 3	City / State / Zip 4
D	STEINHORN, JOYCE	12773 FOREST HILL BLVD STE 101	WELLINGTON FL 33414

100023751851  
10/13/03--01073--018 \*\*150.00

8. Name and Address of Current Registered Agent

STEINHORN, JOYCE  
12773 FOREST HILL BLVD STE 101  
WELLINGTON FL 33414

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Joyce Steinhorn*  
REGISTERED AGENT MUST SIGN

Date 10-09-03

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:

*Joyce Steinhorn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 561-790-9200  
Date Daytime Phone #

CR2E040 (7/03)

**CONTEMPORARY REFERRALS, INC.**

12773 Forest Hill Blvd, Suite 101

Wellington, FL 33414

October 10, 2003

Glenda E. Hood  
Secretary of State  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: **Contemporary Referrals, Inc.**  
**Document Number: P95000087140**

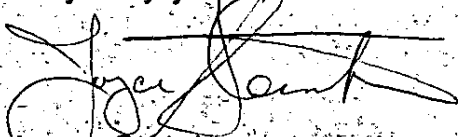
Dear Secretary of State Hood:

Enclosed please find my application for reinstatement for my corporation.

This letter will serve as verification that Contemporary Referrals, Inc. did NOT receive the prior UBR notices from your division. I have completed the reinstatement form and have enclosed a check in the amount of \$150.00.

Please notify me when reinstatement has taken place.

Very truly yours,



Joyce Steinhorn  
President