

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 21 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002107

1. Corporation Name

CLUB HEALTH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

433 LIVE OAKS BLVD
CASSELBERRY FL 32707

433 LIVE OAKS BLVD
CASSELBERRY FL 32707

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 181041

Casselberry, FL

32718-1041

Seminole

REINSTATEMENT

019-100

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

59-3355990

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	JACKSON, CHARLES	433 LIVE OAKS BLVD	CASSELBERRY FL

000003230530--2
-05/01/00--01019--007
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, CHARLES
433 LIVE OAKS BLVD
CASSELBERRY FL 32707

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Charles Jackson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/14/2000

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:

Charles Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2000

Date

Daytime Phone #

800-207-2894

KE

CR2E040 (8/99)