

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 17 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003215

1. Corporation Name

NATURE COAST INVESTMENTS, INC.

Principal Place of Business

Mailing Address

INGLIS FLORIDA

APT 1

INGLIS FL 34447

US

342 INGLIS AVE

INGLIS FL 34447

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8225 FOREST FOREST CIR

SEMINOLE FL

33776

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/1996

5. FEI Number

59-3482711

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	SWITZER, DAVID	8225 FOREST CIRCLE	SEMINOLE FL 33776

8. Name and Address of Current Registered Agent

SWITZER, DAVID  
8225 FOREST CIRCLE  
SEMINOLE FL 33776

REINSTATEMENT

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

David B. Switzer  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

DAVID B. SWITZER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 727-320-8868

CR2E040 (7/03)

Patient Name  
te / Problems  
o. and Description)

Number

Page

ROCOM

Progress Notes



FINDINGS (Subjective and Objective)

PLANS

10/14/03

TO WHOM IT MAY CONCERN,  
I DAVID SWITZER, REGISTERED  
AGENT FOR NATURE COAST  
INVESTMENTS; HAVE RECEIVED  
THE UBR FORMS FOR  
2003.

ENCLOSED IS MY CHECK FOR  
\$150.00 FOR 2003 APPLICATION  
WITHOUT PENALTY.

Please forgive the informality  
of this letter,

with respect

David Switzer

NATURE COAST INVESTMENTS