

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
19 FOR 97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/28

97 OCT 27 PM 1:01

DOCUMENT # P 96 00000 5047

1. Corporation Name
CENTRAL FLORIDA FAMILY HEALTH CARE ASSOCIATES, P.A.

Principal Place of Business Mailing Address

509 MADRIGAL ST.
ORLANDO, FL 32825

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
833 E. OAK ST.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State

Zip Country
34744 OSCEOLA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-1996

5. FEI Number

59-3358529

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	LOUISE GRENIER	1715 CHERYL LANE	KISSIMMEE, FL 34744
V/T	RALPH M. WURSTER	1715 CHERYL LANE	KISSIMMEE, FL 34744

500002333235-1
-10/29/97--01127--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GENE E. B. HESS, CPA, P.A.
1305 E ROBINSON
ORLANDO, FL 32801

9. Name and Address of New Registered Agent

Name
LOUISE GRENIER
Street Address (P.O. Box Number is Not Acceptable)
833 E OAK ST.
Suite, Apt. #, Etc.

City State Zip Code
KISSIMMEE FL 34744

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

LOUISE GRENIER
REGISTERED AGENT MUST SIGN

Date 10/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

LOUISE GRENIER PRESIDENT

10/23/97
Date

407-933-4755
Daytime Phone #

ORF040 (12/96)