

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 28 AM 11:15

DOCUMENT # P96000013900

1. Corporation Name

Results, Inc. of Fort Myers

2. Principal Office Address - No P.O. Box #

762 Sunset Vista Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

Lee

City & State

Fort Myers, FL

Zip

33919

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-1-94

5. FEI Number

65-0642863

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

Elizabeth Allen

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

762 Sunset Vista Dr.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33919

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Elizabeth Allen

REGISTERED AGENT MUST SIGN

Date 5-20-09

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	Elizabeth A. Allen	762 Sunset Vista Dr.	Fort Myers, FL 33919
V, S, T	Daniel P. Allen	762 Sunset Vista Dr.	Fort Myers, FL 33919

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 contained in Chapter 119, 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:

Elizabeth Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-09 139-898-1623

Date

Daytime Phone #