

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000079946

1. Corporation Name

NEVER ENOUGH, INC.

Principal Place of Business

4906 SW 72ND AVENUE  
MIAMI FL 33155

Mailing Address

4906 SW 72ND AVENUE  
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 900

City & State

Coral Gables, FLA.

Zip

33134

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/1996

5. FEI Number

65-0698072

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
1	2	3	4
PTD	SHIKANY, WALTER R	4906 SW 72ND AVENUE	MIAMI FL 33155
VSD	SHIKANY, TERRI R	4906 SW 72ND AVENUE	MIAMI FL 33155

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-11/07/00--01116--004

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

PETER G. GRUBER PA  
9100 SOUTH DADELAND BLVD.  
ONE DATRAN CENTER STE 910  
MIAMI FL 33156

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TERI R. SHIKANY

Date

Daytime Phone #



Health Coalition, Inc.  
WORLDWIDE

②

October 20, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

Re: Application for Reinstatement

To whom it May Concern:

As per our telephone conversation on October 19, 2000 I was advised by your department to send a check in amount of \$150.00 for review on our 2000 Corporation Annual Report, as we never received the 2000 Annual Corporation document to complete.

Please see our check enclosed in the amount requested.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Walter R. Shikany', is written over a horizontal line.

Walter R. Shikany,  
President