

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000087994**

1. Corporation Name

Complete Health Medical Center, Inc.

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

1930 Del Prado Blvd

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33990

Country

USA

3. Mailing Office Address

2323 Del Prado Blvd

Suite, Apt. #, etc.

PMB 165

City & State

Cape Coral

Zip

33990

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10-25-1996

5. FEI Number

65-0764552

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

Joan Craft

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

2323 Del Prado Blvd

Suite, Apt. #, Etc.

PMB 165

City

Cape Coral

State

FL

Zip Code

33990

☒ 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

*Joan Craft*  
REGISTERED AGENT MUST SIGN

Date 01-19-2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| Pres   | Joan Craft                           | 2323 Del Prado Blvd                               | Cape Coral FL 33990 |
| VP     | Joan Craft                           | 2323 Del Prado Blvd                               | Cape Coral FL 33990 |
| Sec    | Joan Craft                           | 2323 Del Prado Blvd                               | Cape Coral FL 33990 |
| TREA   | Joan Craft                           | 2323 Del Prado Blvd                               | Cape Coral          |
|        |                                      |   |                     |
|        |                                      |   |                     |

10. E-mail Address: weknowbacks@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

*Joan Craft* Joan Craft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-2010 239-994-2732

Date

Daytime Phone #

FILED

10 FEB -1 AM 8:34

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

300166855283  
02/01/10--01046--009 \*\*158.75

REINSTATEMENT 09-10

300166855283  
01/21/10--01043--018 \*\*150.00  
CR2E081 (11709)