

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 11:07

DOCUMENT # **P96000095933**

1. Corporation Name

SOUTHEAST HEALTHPLAN ALTERNATIVES, INC.

Principal Place of Business

400 S.W. BOCA RATON BLVD
BOCA RATON FL 33432

Mailing Address

400 S.W. BOCA RATON BLVD
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1996

5. FEI Number

65-0730859

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
PVP	ELDRIDGE, RENEE H	121 SE SPANISH COURT	BOCA RATON FL 33432
ST	ELDRIDGE, CHARLES W	121 SE SPANISH TRAIL	BOCA RATON FL 33432

500003043425--7
-11/12/99--01120--014
*****750.00 *****750.00

10/10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELDRIDGE, CHARLES W
400 S.W. BOCA RATON BLVD
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Charles W. Eldridge

REGISTERED AGENT MUST SIGN

Date

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:

Charles W. Eldridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

561 395-1102

Daytime Phone #