

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # PD000009964  
1. Corporation Name  
Active Health Care Center, Inc.

Principal Place of Business Mailing Address

2516 W. Waters Ave.  
Tampa, FL 33614

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/97

5. FEI Number

59-3428061

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
<u>Pres/</u> <u>Secy/Treas.</u>	<u>JAMIE WILLIAMS</u>	<u>4607 APPLE RIDGE LANE</u>	<u>TAMPA, FL 33624</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMIE WILLIAMS  
4607 APPLE RIDGE LANE  
TAMPA, FL 33624

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

Jamie Williams  
REGISTERED AGENT MUST SIGN

Date

6/18/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

Jamie Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/99  
Date

813-932-2663  
Daytime Phone #

FILED

99 JUN 21 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

CR2E081 (12/98)