PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	DOCUMENT # P97000012396 1. Corporation Name				98 NOV 17 PM 1:41		
COMMUNITY WELLNESS CENTER OF FORT MEADE INC.				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Add		Mailing Address	dress				
555 WEST MAIN STREET BARTOW FL 33830 If above addresses are incorrect in any way, line thr		555 WEST MAIN STREET BARTOW FL 33830 rough incorrect Information and enter correction below.					
	incipal Office Address, If Applicable		illing Office Address, If Applicable		porated or Qualified		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		To Do Business in Florida 02/06/1997 5. FEI Number Applied For			
City & State		City & State		I .	9-3430141	Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATI	E OF STATUS DESIRED \$8,75	Additional Fee required r a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	/or Director (Florida nonprofi	t corporations must list at lea	ast 3 directors)		Control of the Long Grant Service Control of Service Control of the Control of th	
Title(s)	Name of Officers and/or Directors 2	3 (Do	Street Address of Each Officer and/or Director NOT Use Post Office Box N	n r umbers)	City / Stat	e / Zip	
₽	Kennedy, Charles	555 1	W Main Street	Bartow, F1 33830			
		REIN	STATEME	NT_ <u>98</u>	73 1	1/19/19	
				60	00026995 -12/02/9301 ****750.00	9866 032017 ****750.00	
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
555 WE	EDY, C R EST MAIN STREET W FL 33830	Street Address (F Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being Signature of Registered	Agent	e named corporation, am fa	OURED	oligations of Section	on 607.0505, F.S. Date	98	
	is corporation owes or ha angible Personal Propert			No 🗆	(See other side on intangi		
12. I certify t	that I am an officer or director or the received	ver or trustee empowered to e	execute this application as pr	rovided for in chap	pter 607 or 617, F.S. I further or	ertify that when filing	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,7.0401 or 617,0401 or

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles R. Kennedy/ Pres.

FILED