

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 JAN 10 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067318

1. Corporation Name

Health Information Publications, Inc.

2. Principal Office Address

5517 Van Dyke Rd.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33558

Country

USA

3. Mailing Office Address

5517 Van Dyke Rd

Suite, Apt. #, etc.

City & State

Lutz FL

Zip

33558

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-1-97

5. FEI Number

59-3462894

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Allan Andersen

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

5517 Van Dyke Rd

Suite, Apt. #, Etc.

City

Lutz

State
FL

Zip Code

33558

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

Allan B Andersen

Date 1-8-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Guy Slowik, MD	5517 Van Dyke Rd	Lutz, FL 33558
T	Allan Andersen	5517 Van Dyke Rd	Lutz, FL 33558

10. 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:

Allan B Andersen

Allan B Andersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 (813) 968-8822

Date

Daytime Phone #

HEALTH INFORMATION PUBLICATIONS, INC.
5517 VAN DYKE ROAD
LUTZ, FL. 33558
813-968-8822

January 8, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Reinstatement

Dear Sirs:

Please find enclosed the reinstatement application for Health Information Publications, Inc., along with our check for \$600.00.

Please note that the report for 1999 was not received, therefore please waive the penalties due to this and accept our check for \$600.00 for a full reinstatement through 2002. Thank you.

Sincerely,



Allan B. Andreasen
President