

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

98-99 AR

FILED

99 JUN 24 PM 2:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000077889**

1. Corporation Name

HEARING CARE 2000 CASSELBERRY, INC.

Principal Place of Business

Mailing Address

1786 SENECA BLVD.
 WINTER SPRINGS FL 32708

1786 SENECA BLVD.
 WINTER SPRINGS FL 32708

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

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

09/08/1997

5. FEI Number

59-3464620

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<input checked="" type="checkbox"/> P	SECRETARIO, GARY P	1786 SENECA BLVD.	WINTER SPRINGS FL 32708
<input checked="" type="checkbox"/> VP	ROBERTA BARBARA J. SECRETARIO	2743 SHADY TREE LANE 1786 SENECA BLVD	WATERLOO FL 32201 WINTER SPRINGS, FL 32708

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 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SECRETARIO, GARY P
 1786 SENECA BLVD.
 WINTER SPRINGS FL 32708

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 2-1-99

11. This corporation owes or has paid 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., and 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:

Barbara J. Secretario

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date/Time Phone #

Resent 6-15-99 per letter from State for 908.75
 2/1/99 (407)332-1550

CR2E040 (9/96)