

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000091617**

1. Corporation Name

SENIORS CHOICE HEARING AID CENTERS, INC.

Principal Place of Business

Mailing Address

2194 MAIN ST.
DUNEDIN FL 34698

2194 MAIN ST.
DUNEDIN FL 34698

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

2. New Principal Office Address, If Applicable

SUITE C
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SUITE C
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1997

5. FEI Number

59-3510977

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	RICH, KENNETH	2194 MAIN STREET STE C	DUNEDIN FL 34698

000023765230

10/13/03 01098 003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICH, KENNETH D
2194 MAIN ST. STE. C
DUNEDIN FL 34698

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-8-03**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

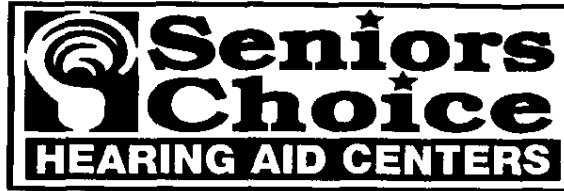
10-8-03 721-733-2625

CR2040 (7/03)

HEARING AIDS AND
ASSISTIVE LISTENING
DEVICES

MEMBER
INTERNATIONAL
HEARING AID SOCIETY

(727) 733-2625



2194 Main St., Suite C • Dunedin, FL 34698

KENNETH D. RICH, BC-HIS
Board Certified

Fax: (727) 733-9566

October 8, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Document Number P97000091617

To Whom It May Concern:

I am in receipt of the Certificate of Administrative Dissolution or Revocation. As you know, we always file our annual report on time. However, this year we did not receive the invoice or any other notice requesting payment and filing of this form. Therefore, we did not respond.

We can only suppose that the lack of Suite C, in the mailing address, is the reason we never received the notice. I have made the corrections in the appropriate boxes and have enclosed a check for \$150.00.

Please reinstate us. If you have any questions, please don't hesitate to call.

Best regards,

A handwritten signature in black ink, appearing to read "Ken Rich", written over the printed name.

Kenneth D. Rich, BC-HIS
Board Certified

Enc.