

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 20 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006400

1. Corporation Name

GLOBAL HEALTH SYSTEMS, INC.

Principal Place of Business

1935 SE 19 LANE  
CAPE CORAL FL 33904

Mailing Address

1935 SE 19 LANE  
CAPE CORAL FL 33904

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1998

5. FEI Number

65-1816230

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	4 City / State / Zip
PSTD	ZITZKE, MARILYN	1935 SE 19 LANE	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent

ZITZKE, MARILYN  
1935 SE 19 LN  
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

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

Marilyn Zitzke Marilyn Zitzke

Date 10-14-00

REGISTERED AGENT MUST SIGN

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)(t), 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:

Marilyn Zitzke Marilyn Zitzke 10-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-574-6999

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GLOBAL HEALTH SYSTEMS, INC.

2323 Del Prado Boulevard, Suite 7 Cape Coral, Florida 33990 U.S.A.

• Phone: 941-574-6999 - 888-571-6999

Fax: 941-574-9472 info@globalhealthsys.com www.globalhealthsys.com

October 18, 2000

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To Whom It May Concern:

This week I received my first notice from your office regarding a *Notice of Administrative Dissolution or Revocation*. This letter is a communication to your office that I have **never received** any prior notices from your office by mail or otherwise regarding recertification or reinstatement from your office. In followup, I spoke directly with my CPA and attorney and they promptly called your office to make advance notice to you that I had not received any information from your office notifying me of the need to recertify.

Per their instructions, I have provide this is writing to you as notice that no notifications have been received by my office. Enclosed, please find a check for \$150 for recertification or my corporation as directed during the phone conversation. Please contact my office it there are questions or you are in need of additional information. I would appreciate and give you advanced appreciation for your attention to this matter.

Sincerely,



Marilyn Zitzke  
President

