

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 3:50



DOCUMENT # P98000006503

1. Corporation Name

H.E. STANFORD, P.A.

Principal Place of Business

Mailing Address

12734 KENWOOD LANE
~~SUITE 84~~
FORT MYERS FL 33907

12734 KENWOOD LANE
SUITE 84
FORT MYERS FL 33907

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

2. New Principal Office Address, If Applicable
12734 Kenwood Ln
Suite 19
City & State

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State

4. Date Incorporated or Qualified To Do Business in Florida 01/15/1998
5. FEI Number 65-0805948
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
DP	STANFORD, H E	12734 KENWOOD LANE STE 84	FORT MYERS FL 33907

200003455122--4
-11/07/00--01067--007
****150.00 ****150.00

10/17/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANFORD, H E
12734 KENWOOD LANE
SUITE 84
FORT MYERS FL 33907

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 *Herrell Hays*
REGISTERED AGENT MUST SIGN

Date X 10-17-00

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: *Herrell Hays*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

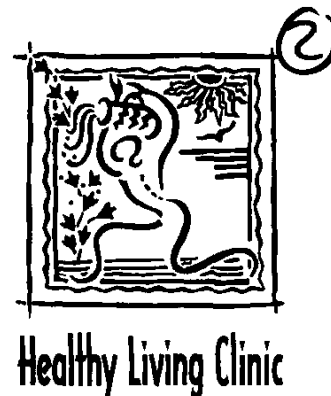
Date 10/17/00 Daytime Phone #

CR2ED40 (800)

10/17/00

Dr. Herschel Stanford

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL.
32302 - 1500



TO Whom It May Concern:

Please note that this form was not mailed to the correct Suite # - it is not #84, but rather Suite #19. We did not receive this form until recently and therefore, are enclosing the \$150.00 renewal fee for filing the corporation.

If there is a problem, please contact us at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

Herschel Stanford

★
Herschel Stanford, DC
Holistic Physician
Dr. of Chiropractic
12734 KENWOOD LANE, SUITE 19
FORT MYERS, FLORIDA 33907
TEL: (941) 275-3343
FAX: (941) 275-8694

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