1/02

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPROVED AND FILED

05 APR -7 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000006503

1. Corporation Name
H.E. STANFORD, P.A.

REINSTATEMENT 03-05 MRB

2. Principal Office Address	3. Mailing Office Address
12734 KENWOOD LANE	12734 KENWOOD LANE
Suite, Apt. #, etc. SUITE #19	Suite, Apt. #, etc. SUITE #19
City & State FORT MYERS, FL.	City & State FORT MYERS, FL.
Zip 33907 Country USA	Zip 33907 Country USA

4. Date Incorporated or Qualified To Do Business in Florida EFFECTIVE JAN. 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

7. Name and Address of Current Registered Agent

Name
DR. HERSCHEL E. STANFORD

Street Address (P.O. Box Number is Not Acceptable)
12734 KENWOOD LANE

100051195641
04/19/05--01021--018 **450.00

Suite, Apt. #, Etc. SUITE #19

City FORT MYERS | State FL | Zip Code 33907

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 H.E. Stanford
REGISTERED AGENT MUST SIGN

Date 4/6/05

CR2E081 (01/05)

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
PRES.	DR. HERSCHEL E. STANFORD	12734 KENWOOD LANE #19	FORT MYERS, FL. 33907

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: X H.E. Stanford 4/5/05 (239) 275-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Healthy Living Clinic

3/17/05

Dr. Herschel Stanford

Florida Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl.
32314

To Whom It May Concern:

Please accept our three years payments for 2003, 2004, 2005 in the amount of $450.00 total as re-instatement of Corporation for H.E. Stanford P.A. P98000006503. We did somehow not receive renewal notices and would have readily sent the needed $150.00 each year if we had in fact received them.

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

Dr. H.E. Stanford

Herschel Stanford, DC
Holistic Physician
Dr. of Chiropractic

12734 KENWOOD LANE, SUITE 19
FORT MYERS, FLORIDA 33907
TEL: (239) 275-3343
FAX: (239) 275-8694

Your Natural Healthcare Expert