

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038378

1. Corporation Name

HEALTH CARE PROVIDERS ORGANIZATION PRESERVING Y
OUR EARTH, INC.

Principal Place of Business

2942 W COLUMBUS DRIVE STE 201
TAMPA FL 33607

Mailing Address

2942 W COLUMBUS DRIVE STE 201
TAMPA FL 33607

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

04/27/1998

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MILLER, BRUCE W	2942 W COLUMBUS DRIVE STE 201 101	TAMPA FL 33607
VD	HARRIS, SCOTT S	2942 W COLUMBUS DRIVE STE 201	TAMPA FL 33607
STD	PARNELL, THOMAS E	2942 W COLUMBUS DRIVE STE 201	TAMPA FL 33607
STD	DONNA S. MILLER	2942 W COLUMBUS DR. SUITE 101	TAMPA, FL 33607
			3000003103889--7 -01/20/00--01024--004 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

PARNELL, THOMAS E
320 W FLETCHER AVE STE 104
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

BRUCE W. MILLER

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

2942 W. COLUMBUS DRIVE

Suite, Apt. #, Etc.

101

City

TAMPA

State

FL

Zip Code

33607

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

Bruce W. Miller
REGISTERED AGENT MUST SIGN

Date

1

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:

Donna S. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (3/99)