

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000051748

1. Corporation Name

BLOOMFIELD ENTERPRISES CORP.

Principal Place of Business

KEY WEST FAMILY HEALTH & WELLNESS CENTER  
3710 NO ROOSEVELT BLVD  
KEY WEST FL 33040

Mailing Address

KEY WEST FAMILY HEALTH & WELLNESS CENTER  
3710 NO ROOSEVELT BLVD  
KEY WEST FL 33040

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

06/10/1998

5. FEI Number

65-0879387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

01 NOV -5 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

00-01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MEITZ, DEBORA MD	3710 NO ROOSEVELT BLVD	KEY WEST FL 33040

100004701111--8  
-12/03/01--01003--021  
\*\*\*\*\*988.75 \*\*\*\*\*988.75

1/LS

8. Name and Address of Current Registered Agent

MONTGOMERY, JAN  
12 TAMARIND DR  
BIG COPPITT KEY  
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name Deborn Meitz  
Street Address (P.O. Box Number is Not Acceptable)  
3635 Seaside Dr  
Suite, Apt. # Etc.  
# 218  
City Key West, State FL Zip Code 33040

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

9/15/01

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/01 305-292-7282

Daytime Phone #

CR2E040 (8/00)