

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 20 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064155

1. Corporation Name

The Delphi Center for Conscious Birth, Inc

P 98 0000 64155

REINSTATEMENT

02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

702 W Adalee St

Suite, Apt. #, etc.

3. Mailing Office Address

702 W Adalee St

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33603

Country

Hillsborough

Zip

33603

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/22/98

5. FEI Number

59-3525929

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

Karin Kearns

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

702 W Adalee St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

3/14/07

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
Secy	Brandi Dyson	307 River Point Dr	Tampa, FL 33619
Director	Karin Kearns	702 W Adalee St	Tampa, FL 33603

300095809263 1500.00
04/04/07--01044--007 **150.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

813-404-5385

Daytime Phone #