

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 OCT 22 AM 9:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000089532**

1. Corporation Name

HEARING INSTITUTE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1201 S POWERLINE RD~~
~~#7A~~
 POMPANO BEACH FL 33069

~~1201 S POWERLINE RD~~
~~#7A~~
 POMPANO BEACH FL 33069

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

2. New Principal Office Address, If Applicable
1209 S. POWERLINE Rd.

3. New Mailing Office Address, If Applicable
1209 S. POWERLINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip
33069

Country

Zip
33069

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1998

5. FEI Number

65-0870367

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HEISE, CYNTHIA D F	1201 S POWERLINE RD #7A 1209 S POWERLINE RD #7A	POMPANO BEACH FL 33069
VD	TALERICO, FRANK B	1201 S POWERLINE RD #7A 1209 S POWERLINE RD #7A	POMPANO BEACH FL 33069
STD	RAHE, FREDERICK A	1201 S POWERLINE RD #7A 1209 S POWERLINE RD #7A	POMPANO BEACH FL 33069

100023996561
 10/22/03--01004--016 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEISE, CYNTHIA D
~~1201 S POWERLINE RD #7A~~ **1209 S. Powerline Road**
 POMPANO BEACH FL 33069

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent *Cynthia D Heise*

Date **10-17-03**

REGISTERED AGENT MUST SIGN

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: *Cynthia D Heise* President

Date **10-17-03**

Daytime Phone # **954-975-8466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)