

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.**

**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida  
**10/21/1998**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0870367**

Applied For

Not Applicable

City & State  
**POMPANO BEACH, FL**

City & State  
**POMPANO BEACH, FL**

Zip  
**33069**

Country

Zip  
**33069**

Country

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	<del>1201 S POWERLINE RD #7A</del> <b>1209 S POWERLINE RD #7A</b>	POMPANO BEACH FL 33069
VD	TALERICO, FRANK B	<del>1201 S POWERLINE RD #7A</del> <b>1209 S POWERLINE RD #7A</b>	POMPANO BEACH FL 33069
STD	RAHE, FREDERICK A	<del>1201 S POWERLINE RD #7A</del> <b>1209 S POWERLINE RD #7A</b>	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*  
REGISTERED AGENT MUST SIGN

Date **10-17-03**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-17-03**  
Daytime Phone # **954-975-8466**

CR2E040 (7/03)