

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P8192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090365

1. Corporation Name
STEIN WELLNESS CENTER, INCORPORATED

Principal Place of Business Mailing Address

221 PAULS DR., STE. C
 BRANDON FL 33511

221 PAULS DR., STE. C
 BRANDON FL 33511

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

FILED
 00 OCT 16 PM 2:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 **10/23/1998**

5. FEI Number **59-3541149** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STEIN, CARMEN T	704 WESTWOOD CIR.	BRANDON FL 33511

8. Name and Address of Current Registered Agent

LANGSKY, GLEN R
GRIFFIN & ASSOCIATES, P.A.
915 OAKFIELD DR., STE. F
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name **Eileen Griffin Griffin and Assoc.**
 Street Address (P.O. Box Number is Not Acceptable) **1430 OAKFIELD Drive.**
 Suite, Apt. #, Etc. **Brandon**
 City **Brandon** State **FL** Zip Code **33511**

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 **Eileen Griffin** **SIGNATURE REQUIRED** Date **10-12-00**
 REGISTERED AGENT MUST SIGN

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: **Carmen Stein** **10/12/00 (813) 685-2221**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Carmen T. Stein-McCormick, LMHC
Licensed Mental Health Counselor
National Certified Counselor
Certified Clinical Mental Health Counselor

Thomas F. McCormick, LMHC
Licensed Mental Health Counselor
National Certified Counselor

Ira S. Moscovitz, Ph.D.
Clinical Psychologist

12 October, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern

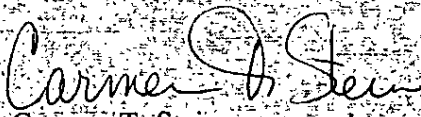
This letter is in response to my phone call to the Department today. I was advised to write explaining that I had not received previous correspondence concerning my 2000 annual report. This is in fact the case.

Please reinstate my corporation, as there have been no significant changes in my status. I was shocked when I received this notice in the mail.

I am enclosing the requested fee of \$150.00.

Thank you for your assistance in this matter.

Sincerely,


Carmen T. Stein
Stein Wellness Center, INC