

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090365

1. Corporation Name

Stein Wellness Center, Inc.

2. Principal Office Address

221C Pauls Dr
Brandon, FL 33511

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon

City & State

Zip Country
F1 Hillsborough

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 ☐

7. Name and Address of Current Registered Agent

Name

Eileen Griffin

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

1430 Oakfield Dr

Suite, Apt. #, Etc.

City

Brandon

State
FL

Zip Code

33511

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

X Eileen Griffin

REGISTERED AGENT MUST SIGN

Date 10/25/02

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
D	Carmen T. Stein	704 Westwood - CV	Brandon, FL 33511

9000008630449
10/28/02--01104--025 **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 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 T. Stein / Carmen T. Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02 (813)685-2221
Date Daytime Phone #

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

10/22/02

To: Florida Department of State

Please find enclosed a check for \$150⁰⁰ for my corporation. Our office did not received the original filing report. Please accept this fee as the renewal fee. Thank you.

Carmen T. Stein
President - Stein Wellness Ctr.