

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAY -9 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000070136

**1. Corporation Name**

SOCIETY OF FREE STANDING HYPERBARIC OXGENATION  
CENTERS, INC.

**2. Principal Office Address**

4001 Ocean Drive

**3. Mailing Office Address**

4001 Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale-By-The-Sea, FL

City & State

Lauderdale-By-The-Sea, FL

Zip

33308

Country

U.S.A.

Zip

33308

Country

U.S.A

**REINSTATEMENT**

00-01

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

8/9/1995

**5. FEI Number**

X

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

W. MORGAN SPEER, ESQUIRE

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

1800 Australian Avenue South

Suite, Apt. #, Etc.

Suite 100

City

West Palm Beach

State

FL

Zip Code

33409

**B. 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

*W. Morgan Speer*  
REGISTERED AGENT MUST SIGN

Date April 30, 2001

**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
PD	Richard A. Neubauer, M.D.	4001 Ocean Drive	Lauderdale-By-The-Sea, Florida 33308
D	Cindy R. Speer	18 Via De Casas Sure #102	Boynton Beach, FL 33426
D	Regina Cooper	4001 Ocean Drive	Lauderdale-By-The-Sea, Florida 33308

**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:**

*Cindy R. Speer*

Cindy R. Speer

4/30/01

(561) 733-8184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)