

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P99000108669

1. Corporation Name

BARIATRIC CARE CENTER OF FLORIDA, INC.

Principal Place of Business

Mailing Address

24 FRANK LLOYD WRIGHT DR. LOBBY D LEVEL 4
ANN ARBOR MI

P.O. BOX 454
ARBOR ANN MI

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 48106

Country

Zip 48106

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/16/1999

SP

5. FEI Number

58-2543837

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	PITTMAN, RANDALL L -	24 FRANK LLOYD WRIGHT DR. LOBBY	ANN ARBOR MI 48104
D	LENZ, LAURENCE H JR -	24 FRANK LLOYD WRIGHT DR. LOBBY	ANN ARBOR MI 48104
D	Pittman, Randall L	24 Frank Lloyd Wright Dr. Lobby D - Level 4	Ann Arbor, MI 48106
D	Lenz, Laurence H	24 Frank Lloyd Wright Dr. Lobby D - Level 4	Ann Arbor, MI 48106
			700003456307--5 -11/07/00--01134-004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

Signature of Registered Agent

Vicky Goldstein
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN

Date

10/30/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00

Date

Daytime Phone #

CR2E040 (8/00)