

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86986**

1. Corporation Name

Computer Health Services of Dade, Inc.

Principal Place of Business

Mailing Address

250 Second Street Southwest
305 Security Square
Winter Haven, Florida 33880

P O Box 112
Winter Haven, FL
33882

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

Country

Zip

Country

REINSTATEMENT 94-99

4. Date Incorporated or Qualified
To Do Business in Florida
October 14, 1991

5. FEI Number

☒ 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	J. Tim Donalson	250 Second Street Southwest 305 Security Square	Winter Haven, Florida 33880

500003024445--8
-10/25/99--01131--012
***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

Joseph W. N. Rugg
13957 Northwest 67th Avenue
Miami Lakes, Florida 33014

9. Name and Address of New Registered Agent

Name Andrew M. O'Malley

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

712 South Oregon Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

Andrew M. O'Malley

REGISTERED AGENT MUST SIGN

Date 10/5/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

J. Tim Donalson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Tim Donalson

10/7/99

Date

863/670- 4556

Daytime Phone #

CR2040 (7/98)