

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 AUG 22 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

V31162

The Village Hearing Center, Inc

2. Principal Office Address

249 US Hwy One

Suite, Apt. #, etc.

3. Mailing Office Address

249 US Hwy One

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

City & State

Tequesta, FL

Zip

33469

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

(1)

Oct 1988

5. FEI Number

65-0331689

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

Cheryl P. Harillee

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

3411 SE Kubin Ave

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

600004569056-1

09/05/01-01019-001

\*\*\*\*600.00-\*\*\*\*600.00

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

Cheryl P. Harillee

Date

8/21/01

REGISTERED AGENT MUST SIGN

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
P	Cheryl P. Harillee	3411 SE Kubin Ave	Stuart, FL 34997

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:

Cheryl P. Harillee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/01

Date

561 744-0231

Daytime Phone #

CR2E081 (9/00)