

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -4 AM 11:04

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DOCUMENT # 292774

1. Corporation Name

HOBE SOUND GERIATRIC VILLAGE INC.

Principal Place of Business

9555 SE Federal Hwy.
Hobe Sound, FL 33455

Mailing Address

9555 SE Federal Hwy.
Hobe Sound, FL 33455

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/10/1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1142564

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

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 |
|------------|-------------------------------------|---|----------------------------------|
| D | Bortz, Donald J. Jr | 9555 SE Federal Hwy. | Hobe Sound FL 33455 |
| D | Bortz, Valeria M. Jr. | 9555 SE Federal Hwy. | Hobe Sound FL 33455 |
| V | McCathern, Gladys | 9555 SE Federal Hwy. | Hobe Sound FL 33455 |
| | | | 200002000322-2 |
| | | | -11/08/96--01044--031 |
| | | | ***375.00 ***375.00 |

8. Name and Address of Current Registered Agent

McCathern, Gladys
9555 SE Federal Hwy.
Hobe Sound, FL 33455

9. Name and Address of New Registered Agent

Name
Donald J. Bortz Jr.
Street Address (P.O. Box Number is Not Acceptable)
9555 SE Federal Hwy
Suite, Apt. #, Etc.
City
Hobe Sound
State
FL
Zip Code
33455

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 09/19/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.J. Bortz Jr.

Date 9/19/96 (54)546-5800

CR-2509 (12/95)