

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

97 JUN 25 AM 10:34

DOCUMENT # **763910**

1. Corporation Name

Atlantic Community Care, Inc.

Principal Place of Business

**1708 State Road 44
New Smyrna Beach, FL
32168**

Mailing Address

Same

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

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2201196

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D, P, S, T	James R. Davenport, Jr.	106 Grandview Drive	New Smyrna Beach FL 32168
			200002224992--2
			-06/27/97--01053--025
			*****299.50 *****297.50

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

**JAMES R. DAVENPORT
1708 S.R. 44
New Smyrna Beach, Fla
32168**

9. Name and Address of New Registered Agent

Name
JAMES R DAVENPORT
Street Address (P.O. Box Number is Not Acceptable)
1708 SR 44
Suite, Apt. #, Etc.
City
New Smyrna Beach
State
FL
Zip Code
32168

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

James R Davenport
REGISTERED AGENT MUST SIGN

Date **5-9-97**

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 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:

James R Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN 26 1997
5/9/97 **9044275237**
Date Daytime Phone #