

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S91911

**FILED**  
**Oct 18, 2012**  
**Secretary of State**

**Entity Name:** NORTH PORT RETIREMENT CENTER, INC.

**Current Principal Place of Business:**

NORTH PORT PINES  
4950 POCAPELLA AVENUE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

NORTH PORT PINES  
4950 POCAPELLA AVENUE  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 65-0292534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUTT, ZIA U  
4400 HARBOR BLVD.  
PORT CHARLOTTE, FL 33953      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ZIA BUTT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUTT, ZIA  
Address: 4400 HARBOR BLVD.  
City-St-Zip: PORT CHARLOTTE, FL

Title: S  
Name: BUTT, MUNIR  
Address: 4400 HARBOR BLVD.  
City-St-Zip: PORT CHARLOTTE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIAN DUNDA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

COO

10/18/2012

\_\_\_\_\_  
Date