PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. page 1 of 3

APPLICATION FOR [redacted]

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

FILED
00 NOV 13 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54712

1. Corporation Name

AMERICARE SCHOOL OF NURSING INC.

Principal Place of Business	Mailing Address
2054 N. SEMORAN BLVD. 108 WINTER PARK FL 32792	ABC TRAINING CENTERS OF AMERICA. INC BOX 511028 MELB BEACH FL 32951

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

4. Date Incorporated or Qualified To Do Business in Florida: 07/28/1992

5. FEI Number: 59-3135811 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip
P	NEWMAN, GERALD	3045 S. AIA	MELBOURNE BEACH FL 32951
VST	NEWMAN, SUSAN	3045 S. AIA	MELBOURNE BEACH FL 32951

600003488496--9
-12706/00--01005--004
****150.00 ****150.00

DOUBR T8

8. Name and Address of Current Registered Agent

NEWMAN, GERALD
3045 S. A1A
#501
MELBOURNE BEACH FL 32951

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/00)

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 REQUIRED Date:
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

See Attach

0018028 AF

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54712

1. Entity Name

AMERICARE SCHOOL OF NURSING INC.

Principal Place of Business	Mailing Address
2054 N. SEMORAN BLVD. 108 WINTER PARK FL 32792	ABC TRAINING CENTERS OF AMERICA, INC BOX 511028 MELB BEACH FL 32951-1028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

Correct.

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number 59-3135811

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, GERALD
3045 S. A1A
#501
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name

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

City — FL — Zip Code

8. 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.

3/26/00
Date

SIGNATURE — Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Additional

11. OFFICERS AND DIRECTORS

P NEWMAN, GERALD 3045 S. AIA MELBOURNE BEACH FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VST NEWMAN, SUSAN 3045 S. AIA MELBOURNE BEACH FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change

Sent check #5723 $150

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or 12 above, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

V54712

PAGE 3 of 3

Americare School of Nursing

2054 Semoran Blvd., Suite 108
Winter Park, Florida 32792
407-673-7406 • Fax 407-673-7412

11/7/00

Dear Sirs:

Sent in original in March. ?
Check were cashed # 5123. Didnt realize
not cashed. Bookkeeper messed.
Please do not charge us more money.
Not our fault.

Sincerely,

C. Newman

Another ck for $150 enclosed