

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 334406

1. Corporation Name

ALHAMBRA NURSING HOME, INC.

Principal Place of Business

7501 38TH AVENUE NORTH  
ST. PETERSBURG FL 33710

Mailing Address

7501 38TH AVENUE NORTH  
ST. PETERSBURG FL 33710

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

2. New Principal Office Address, If Applicable

~~C/O Growney, McKern & Barker~~  
~~Suite, Apt. #, etc.~~  
~~7455-38th Ave N~~

~~City & State~~  
~~St. Petersburg, Fla~~

~~Zip~~  
~~33710~~

Country

3. New Mailing Office Address, If Applicable

~~C/O Growney, McKern & Barker~~  
~~Suite, Apt. #, etc.~~  
~~7455-38th Ave N~~

~~City & State~~  
~~St. Petersburg, Fla~~

~~Zip~~  
~~33710~~

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1968

5. FEI Number

59-1235725

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 4
P	GROWNEY, MARGARET B.	7455 38TH AVE N	ST. PETERSBURG FL
TS	GROWNEY, LAURENCE M.	7501 38TH AVE. N.	ST. PETERSBURG FL
V/D	GROWNEY, GERARD	300 BRIGHTWATERS NE	ST. PETERSBURG FL
PTS	GATHINGS, NORA	4421 KENNESAW DR.	BIRMINGHAM AL
D	MCKEOWN, HELEN M.	7889 CAUSEWAY BLVD. N.	ST. PETERSBURG FL

600025163938  
12/02/03--01060--003 \*\*150.00

8. Name and Address of Current Registered Agent

GROWNEY (MARGARET B)  
~~7501 38TH AVENUE N~~  
~~ST. PETERSBURG FL 33710~~

9. Name and Address of New Registered Agent

Name

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

7455-38th Ave N

Suite, Apt. #, Etc.

St. P

City

St. Petersburg

State

FL

Zip Code

33710

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Margaret B. Growney*  
REGISTERED AGENT MUST SIGN

Date

11/6/03

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:

*Margaret B. Growney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/03

Daytime Phone #

CR2E040 (7/03)

November 18, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

Re: Alhambra Nursing Home, Inc.  
FEI Number 59-1235725

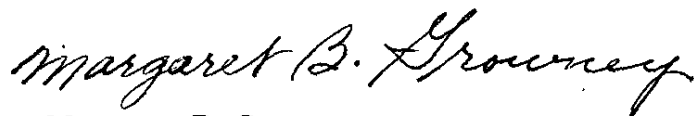
To Whom This May Concern:

I am enclosing herewith the Application for Reinstatement for the Alhambra Nursing Home, Inc. and \$150.00.

I am requesting a waiver of any further fees or assessments. The Alhambra Nursing Home, Inc. sold the Alhambra Nursing Home and due to the change in address, the annual report form was not received by a representative of the Alhambra Nursing Home, Inc. and therefore not timely filed.

Should you have any questions, please do not hesitate to contact me. Thank you for your consideration in this regard.

Sincerely,



Margaret B. Growney

MBG/mcv