

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **347304**

1. Corporation Name

Santa Rosa Convalescent Homes, Inc.

2. Principal Office Address - No P.O. Box #

4971 Chumuckla Hwy.

Suite, Apt. #, etc.

City & State

Pace, FL

Zip

32571

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/3/69

5. FEI Number

59-1313375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Edmond Fortune

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

4971 Chumuckla Hwy.

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Edmond Fortune	4971 Chumuckla Hwy.	Pace, FL 32571
STD	Ruthie Fortune	4971 Chumuckla Hwy.	Pace, FL 32571
D	Terry Fortune	4960 Forest Creek	Pace, FL 32571
D	Felicia Northcutt	5449 Rowe Trail	Pace, FL 32573
	<i>[Signature]</i>		

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmond Fortune

Date

9-10-09

850-994-5385

Daytime Phone #

FILED

09 SEP 16 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300160723963  
09/16/09--01025--008 \*\*1350.00

REINSTATEMENT 05-09