

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Lane
Secretary of State
DIVISION OF CORPORATIONS

900.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 28 PM 3:30

DOCUMENT # 555414

1. Corporation Name

Deland Convalescent Center, Inc.

2. Principal Office Address

231 W. Minnesota Ave.

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

United States

3. Principal Office Address

231 W. Minnesota Ave.

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip 32720

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/77

5. FEI Number

59-1803598

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

Fred A. Lane

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

231 W. Minnesota Avenue

Suite, Apt. #, Etc.

City

DeLand,

State
FL

Zip Code

32720

100003197011-3
04/05/00-01076-002
6417.50 *300.00

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
P	Lane, Fred A.	231 W. Minnesota Ave.	DeLand, FL 32720
S/T	Lane, Patricia S.	231 W. Minnesota Ave.	DeLand, FL 32720
V	Lane, Patrick	217 W. Michigan Avenue.	DeLand, FL 32724
D	Ebert, Freda D.	807 E. Wisconsin Avenue	DeLand, FL 32724
D	Lane, Cameron	513 W. Minnesota Avenue	DeLand, FL 32724

REINSTATEMENT 1999-2000

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 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:

Fred Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Lane

Date

3/14/00

Daytime Phone #