

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

99 JUL 11 PM 1:00  
 TALLAHASSEE, FLORIDA

DOCUMENT # **5915018**

1. Corporation Name  
**Arch Creek Nursing Home, Inc.**

Principal Place of Business  
**Arch Creek Nursing Home  
 12505 N.E. 16th Ave.  
 Miami, Fl. 33161**

Mailing Address  
**11111 Biscayne Blvd.  
 Suite 1705  
 Miami, Fl. 33152**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		c/o <b>Marsha G. Madorsky, Esq.</b>		11/1/78	
City & State		2665 S. Bayshore Drive Suite #603		5. FEI Number	
Zip		City & State		59-1869145	
Country		Miami, Florida		Applied For	
Zip		33133		Not Applicable	
Country		U.S.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

97-99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Off	Isaac Mizrahi	11111 Biscayne Blvd, #1705	Miami, Fl. 33136
Off	Mary Cottler	11111 Biscayne Blvd, #1705	Miami, Fl. 33136
			300002914969--8 -06/24/99--01101--019 ***1050.00 ***1050.00

**REINSTATEMENT 97-99 ITS**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
B & C Corporate Services 201 S. Biscayne Blvd. Suite 3005 Miami, Fl. 33131		Name <b>Marsha G. Madorsky, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2665 S. Bayshore Drive</b> Suite, Apt. #, Etc. <b>Suite 603</b> City <b>Miami</b>	
		State <b>FL</b>	Zip Code <b>33133</b>

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: REGISTERED AGENT MUST SIGN

Date: \_\_\_\_\_

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **Att'y for Estate of Isaac Mizrahi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARSHA G. MADORSKY**

Date: **5-18-99** Daytime Phone #: **(305) 856-0879**

CR2E01 (12/98)