

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



**FILED**

99 JUL 12 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 595019

1. Corporation Name

Snapper Creek Nursing Home, Inc.

Principal Place of Business  
Snapper Creek Nursing Home  
9200 S.W. 87th Ave.  
Miami, FL 33176

Mailing Address  
1111 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 Marsha G. Madorsky, Esq. 2665 S. Bayshore Drive Suite # 603		11/8/1978	
City & State		City & State		5. FEI Number	
Miami, FL		Miami, FL		59-1869113	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33133		U.S.			

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
000002939070--5 -07/22/99--01088--004 ***1050.00 ***1050.00			
<b>REINSTATEMENT</b> 98-99			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B & C Corporate Services, Inc.  
201 S. Biscayne Blvd.  
Suite 603  
Miami, FL 33131

Name  
Marsha G. Madorsky, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
2665 S. Bayshore Drive  
Suite, Apt. #, Etc.  
Suite 603  
City  
Miami

State  
FL  
Zip Code  
33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Atty for Estate of  
Isaac Mizrahi  
MARSHA G. MADORSKY

5-18-99

Date

(305) 856-0879

Daytime Phone #

CR2001 (12/98)

POWER OF ATTORNEY

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KNOW ALL MEN BY THESE PRESENTS that ILENE BLUM and GAIL LASRIS, as the Co-Personal Representatives of the ESTATE OF ISAAC MIZRAHI, have made, constitute and appointed, and by these presents does make, constitute and appoint MARSHA G. MADORSKY, as their true and lawful attorney for them and in their name, place and stead to take any and all necessary actions as may be necessary or required in conjunction with any and all matters concerning the administration and finances by giving and granting unto MARSHA G. MADORSKY, said attorney, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises in conjunction with the reinstatement of the following corporations:

- Eastman Rehab Center, Inc.
- Palmetto Extended Care Center, Inc.
- Arch Creek Nursing Home, Inc.
- Snapper Creek Nursing Home, Inc.
- Jackson Manor Nursing Home, Inc.
- J.A.S.P., Inc.;

to all intents and purposes, as they might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming that MARSHA G. MADORSKY as said attorney for them shall lawfully do or cause to be done by virtue hereof from this date forward until otherwise provided for.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22 day of JUNE, 1999.

Sally Clodfelter  
(Witness)

James A. Greene  
(Witness)

Bert Comen  
(Witness) BERT COMEN

Ferry Gardner  
(Witness) FERRY GARDNER.

ESTATE OF ISAAC MIZRAHI

By: Ilene Blum  
ILENE BLUM, Co-Personal Representative

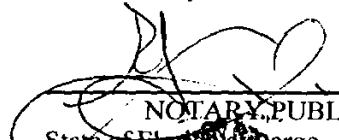
By: Gail Lasris  
GAIL LASRIS, Co-Personal Representative

STATE OF FLORIDA     )  
COUNTY OF BROWARD    )

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I HEREBY CERTIFY that on this date, before me, an officer duly authorized in the State aforesaid, to take acknowledgements, personally appeared GAIL LASRIS to me known to be the person described in or who has produced DL as identification, and who executed the foregoing Power of Attorney, and she acknowledged before me that she executed same.

My Commission Expires:

  
NOTARY PUBLIC  
State of Florida at Large E. J. TAYLOR  
COMMISSION # CC623876  
EXPIRES FEB 23, 2001  
Printed name of Notary Public  
ATLANTIC SORORING CO., INC.

STATE OF COLORADO     )  
COUNTY OF BOULDER    )


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I HEREBY CERTIFY that on this 22 day of June, 1999, before me, an officer duly authorized in the State aforesaid, to take acknowledgements, personally appeared ILENE BLUM to me known to be the person described in or who has produced Co-divorce Decree as identification, and who executed the foregoing Power of Attorney, and she acknowledged before me that she executed same.

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My Commission Expires:

May 1, 2002

  
NOTARY PUBLIC  
State of Florida at Large  
BONNIE A. WILENSKY  
NOTARY PUBLIC  
COLORADO

Printed name of Notary Public