

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

JUN 10 PM 3:21

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #595279

1. Corporation Name

Palmetto Extended Care Center, Inc.

W99-12609

Principal Place of Business

7600 S.W. 8th Street
Miami, FL 33144

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Marsha G. Madorsky, Esq.

2665 S. Bayshore Drive
Suite # 603

City & State

Miami, FL

Zip
33133

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1978

5. FEI Number

59-1869150

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Off	Isaac Mizrahi	11111 Biscayne Blvd, #1705	Miami, FL 33136
Off	Mary Cottler	11111 Biscayne Blvd, #1705	Miami, FL 33136

100002905751--9
-06/15/99--01103--013
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

B & C Corporate Services, Inc.
201 S. Biscayne Blv.
Suite 3005
Miami, FL 33131

9. Name and Address of New Registered Agent

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 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. If any taxes 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

5-18-99
Date

(305)856-0879
Telephone #

CR2ED01 1/2/98