

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 NOV 19 PM 12:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **709878**

1. Corporation Name

EDWARD WATERS COLLEGE SENIOR CITIZENS HOME, INC

Principal Place of Business

Mailing Address

1850 KINGS ROAD
 JACKSONVILLE FL 32209

1850 KINGS ROAD
 JACKSONVILLE FL 32209

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 94

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1965

5. FEI Number

59-1258866

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)

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
PD	CUMMINGS, FRANK C.	112 W. ADAMS ST. #1814	JACKSONVILLE FL 32202
VD	SHEHEE, T. E.	1567 KINGS ROAD	JACKSONVILLE FL
STD	BARNES, GEORGE A.	4991 SOUDEL DRIVE	JACKSONVILLE FL 32208
A	DUHART, WILLIAM H.	1850 KINGS ROAD	JACKSONVILLE FL 32209

8. Name and Address of Current Registered Agent

DUHART, WILLIAM H.
 1850 KINGS ROAD
 JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City

600002701926--8
 -12/03/98--01067--018
 ***236.25 State Zip Code
FL

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date: 11-17-98

11. This corporation owes or has paid 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)(l), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Duhart

11-17-98

Date

904-768-3447

Daytime Phone #

CR2E040 (9/98)