

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750986

1. Corporation Name

SOUTHLAKE NURSING AND REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

10680 Old St. Augustine Road
Jacksonville, FL 32257

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98

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.		Suite, Apt. #, etc.		2/11/1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-2754919	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Joe E. Cowart	2601 S. Ponte Vedra Blvd.	Ponte Vedra Beach, FL 32082
D	Dr. Sheldon Wernow	9397 San Jose Boulevard	Jacksonville, FL 32257
D	Lester W. Jenkins	1507 Montrose Avenue	Jacksonville, FL 32210
D	Manuel F. Wise	1242 Catalina Road West	Jacksonville, FL 32216
D	Saleem N. Abdo	3202 S. Damascus Road	Jacksonville, FL 32207

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. E. Carter, Jr.
10680 Old St. Augustine Road
Jacksonville, FL 32257

Name

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

Suite, Apt. #, Etc.

City

680002722336

-12/24/98-01084-019

****245.00

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

J. E. Carter Jr.

REGISTERED AGENT MUST SIGN

Date

12/17/98

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)(j), 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:

Joe E. Cowart, President/Director

12/17/98

904-824-0665

Date

Daytime Phone #