

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
F32327
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 28 PM 3:27

DOCUMENT # F32327

1. Corporation Name

Halifax Convalescent Center, Inc.

9/28/99

2. Principal Office Address

231 W. Minnesota Ave.

Suite, Apt. #, etc.

City & State

DeLand, FL 32720

Zip

32720

Country

United States

3. Principal Office Address

231 W. Minnesota Ave.

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/27/81

5. FEI Number

59-2579123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fred A. Lane

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

231 W. Minnesota Ave.

Suite, Apt. #, Etc.

City

DeLand, FL 32720

State

FL

Zip Code

32720

400003197014-4

-04/05/00--01076--002

6417.50 **900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Lane, Patrick L.	217 W. Michigan Ave.	DeLand, FL 32724
S/T	Lane, Patricia S.	231 W. Minnesota Ave.	DeLand, FL 32720
P	Lane, Fred A.	231 W. Minnesota Ave.	DeLand, FL 32720
		REINSTATEMENT	1999-2000

10. 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

Fred A. Lane

Date

3/14/00

Daytime Phone #