

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000005373

1. Corporation Name

Salem Nursing & Rehab Center of Homestead, Inc.

2. Principal Office Address

945 Broad St

Suite, Apt. #, etc.

Suite 220

City & State

Augusta, GA

Zip

30901

Country

USA

3. Mailing Office Address

945 Broad Street

Suite, Apt. #, etc.

Suite 220

City & State

Augusta, GA

Zip

30901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/96

5. FEI Number

63-1160642

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

300005414348--0

05/01/02--01026--022

****428.75 ****428.75

REINSTATEMENT

99-0278

State

Zip Code

FL

33324

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

Cornelia Bryan

REGISTERED AGENT MUST SIGN

Date 4/23/02

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
DPC	Harry McD. Clark	559 Fairhope Ave., Ste. 7	Fairhope, AL 36532
D	J. Ed McInnis	51 Arcadian Circle	Hattiesburg, MS 39402
DST	Isaac Johnson	2556 Wheeler Rd.	Augusta, GA 30904

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.

Harry McD. Clark - President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (251) 928-9914

Date

Daytime Phone #

FILED

02 APR 23 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/01)