

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006951

1. Corporation Name

SOUTHCARE NURSING CENTER, INC.

Principal Place of Business

Mailing Address

IN TOWN RETIREMENT CLUB
P.O. BOX 967
GLENSIDE PA 19038

IN TOWN RETIREMENT CLUB
P.O. BOX 967
GLENSIDE PA 19038

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1997

5. FEI Number

23-2047624

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 3	City / State / Zip 4
P	DOBSON, DAVID	7425 OLD YORK RD	MELROSE PARK PA 19027
ST	DOBSON, ETHEL	7425 OLD YORK RD	MELROSE PARK PA 19027

8. Name and Address of Current Registered Agent

BINGHAM, MARVIN W JR.
14811 NW 140TH ST. , P.O. Box 1930
ALACHUA FL 32616

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date Nov. 3, 2003

11. 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:

ETHEL Dobson Sec/Treas. 10-31-03 215 782 6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



October 31, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6237
Tallahassee, FL 32314-6327

**RE: SOUTHCARE NURSING CENTER, INC.
DOCUMENT # f97000006951**

Dear Sir:

This letter will attest that our corporation did not receive the two (2) prior Uniform Business Report (UBR) notices.

I am therefore requesting that SOUTHCARE NURSING CENTER, INC. be reinstated and the reinstatement fee waived.

Respectfully,

**David Dobson
Executive Director**

DD/dcj

Enc: