

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -9 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002962**

1 Corporation Name
GERI-CARE ASSISTED LIVING & REHABILITATIVE CENTER, INC.

Principal Place of Business Mailing Address
190 LIGHTKEEPERS DR. P. O. BOX 311710
PORT ST. JOE, FL 32456 ENTERPRISE, AL 36331-1710

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		4. Date Incorporated or Qualified To Do Business in Florida FEBRUARY 1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 63-1192532	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

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
P	WILLIAM C. WILLIAMS	190 LIGHTKEEPERS DR.	PORT ST. JOE, FL 32456
S/T	ALBERT MCCREARY, JR.	511 EAST PARK AVENUE	ENTERPRISE, AL 36330

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-11/22/99--01146--017
******785.75 ****785.75**

8. Name and Address of Current Registered Agent

CECIL COSTIN
190 LIGHTKEEPERS ROAD
PORT ST. JOE, FL 32456

9. Name and Address of New Registered Agent

Name
WILLIAM C. WILLIAMS
Street Address (P.O. Box Number is Not Acceptable)
190 LIGHTKEEPERS DR.
Suite, Apt. #, Etc.
City
PORT ST. JOE State
FL Zip Code
32456

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 **X** *William C. Williams*
REGISTERED AGENT MUST SIGN

Date **11/8/99**

11. This corporation owes 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)(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: *William C. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/8/99** (850) 647-2600
Daytime Phone #

CR2E081 (12/98)