

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000006380

1. Corporation Name

SUPERIOR RENTAL CARE, INC.

Rental

Principal Place of Business

P.O. BOX 271193
NASHVILLE TN 37227

Mailing Address

P.O. BOX 271193
NASHVILLE TN 37227

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

2. New Principal Office Address, if Applicable

51 Century Blvd.

Suite, Apt. #, etc.
Suite 307

City & State
Nashville, TN

Zip
37214 Country
Davidson

3. New Mailing Office Address, if Applicable

51 Century Blvd.

Suite, Apt. #, etc.
Suite 307

City & State
Nashville, TN

Zip
37214 Country
Davidson

REINSTATEMENT *95*

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1998

5. FEI Number

62-1744942

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	LONG, VIRGINIA A	2002 WOODCREST CIRCLE	MT. JULIET TN 37122
DS	BRUCE, MICHAEL J	111 ARDEN PL.	GREENSBORO NC 27403
D	NICHOLAS, THOMAS J	379 QUARRY BROOK DR.	SOUTH WINDSOR CT 06074
D	GLOWIK, JOHN P JR.	489 WEST ST.	PAXTON MA 01612
D	KEENER, KEITH J	2428 EAST LAKE DR.	RALEIGH NC 27609

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. *000003033060--9*
City *11/02/99-01098-009*
661 FL 661.25

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 *Charles A. Coyle*
Charles A. Coyle REGISTERED AGENT MUST SIGN Asst. Secy.

000003033060--9
11/02/99-01098-010
88.75 88.75

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: *Virginia Long*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Long, President and C.O.O.

10-13-99 (615) 874-0700
Date Daytime Phone #