

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H82563

1. Corporation Name

HERITAGE HEALTH CARE CENTER OFFINVERNESS, INC.

Principal Place of Business

7462 EAST VISAO DRIVE
SCOTTSDALE, AZ 85262

Mailing Address

7462 EAST VISAO DRIVE
SCOTTSDALE, AZ 85262

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

10/25/85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2591775

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D,P	DOWELL, DAVID R.	7462 EAST VISAO DRIVE	SCOTTSDALE, AZ 85262
D,V	DOWELL, EVELYN J.	1250 MELVERD COURT	HEATHROW, FL 32746
D,S,T	ALLBEE, RICHARD A.	121 FIRST AVENUE, N.W.	HAMPTON, IO

8. Name and Address of Current Registered Agent

DAVID R. DOWELL
1200 STATE ROAD 434, W., SUITE 124
LONGWOOD, FL 32750

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400003534034-4

-01/12/01-01006-011

***1350.00 State Fee ***1350.00

FL

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

REGISTERED AGENT MUST SIGN

Date

12/28/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

DAVID R. DOWELL, President 602-881-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 AM 11:45

REINSTATEMENT 97-01