

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL -8 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H 98515

(0)

1 Corporation Name

North Miami Beach Nursing Center Inc.

Principal Place of Business

Mailing Address

2440 Tamiami Trail North  
Nokomis, FL 34275

2440 Tamiami Trail North  
Nokomis, FL 34275

REINSTATEMENT

96-97ad

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

2/3/86

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

59-2743845

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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 D	John F. Robenalt	2440 Tamiami Trail North	Nokomis, FL 34275
S	Thomas B. Luzier	2440 Tamiami Trail North	Nokomis, FL 34275

900002234249--8  
-07/09/97--01109--012  
\*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas B. Luzier  
2440 Tamiami Trail North  
Nokomis, FL 34275

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.

Signature of Registered Agent

*Thomas B. Luzier*  
REGISTERED AGENT MUST SIGN

Date

7/7/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Thomas B. Luzier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Luzier

7/7/97

Date

(941) 966-7755

Daytime Phone #