

APPROVED
 FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



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

DOCUMENT # H98515

1. Corporation Name

North Miami Beach Nursing Center, Inc.

700003187777--5

-03/29/00--01007--018:
 ****608.75 ****608.75

700003187777--5

-03/29/00--01007--019
 ****300.00 ****300.00

2. Principal Office Address

2033 Main Street

3. Mailing Office Address

2033 Main Street

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

USA

Zip

34237

Country

USA

4. Date Incorporated or Qualified
 To Do Business in Florida

02-03-86

5. FEI Number

59-2743845

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Capital Connection, Inc.

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

417 East Virginia Street

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

Zip Code

32301

REINSTATEMENT 99-50
 JAM

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Lauren Strong, Client Representative Date: 3/20/00
 (REGISTERED AGENT MUST SIGN)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
/D	James O. McCarver	2033 Main St., Suite 300	Sarasota, FL 34237
/S/ D	Pat McCarver	2033 Main St., Suite 300	Sarasota, FL 34237
VP	Todd Lord	2033 Main St., Suite 300	Sarasota, FL 34237

10. 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)(f), 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: Todd Lord Date: 941-952-9411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #