

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 15 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J14176

1. Corporation Name

Retirement Community Specialists, Inc.

2. Principal Office Address

1180 Ponce De Leon

Suite, Apt. #, etc.
Suite 201

City & State
Clearwater, FL

Zip
33756

Country
USA

3. Mailing Office Address

1180 Ponce De Leon

Suite, Apt. #, etc.
Suite 201

City & State
Clearwater, FL

Zip
33756

Country
USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/14/86

5. FEI Number
59-2674770

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Greg D. Veltman

Street Address (P.O. Box Number is Not Acceptable)
1180 Ponce De Leon

Suite, Apt. #, Etc.
Suite 201

City
Clearwater

State
FL

Zip Code
33756

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

REGISTERED AGENT MUST SIGN

Date 9/1/06

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
PS	Greg D. Veltman	1180 Ponce De Leon, Ste. 201	Clearwater, FL 33756
T	Sheila Duffy	2441 Weymouth Drive	Clearwater, FL 33764

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Greg D. Veltman, President

Date

727-581-4663

Daytime Phone #

292

September 1, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Retirement Community Specialists, Inc. (the "Corporation")
Document #J14176

Ladies and Gentlemen:

We have been advised by our attorney's office that the Corporation was administratively dissolved on October 1, 2004 for failure to file the 2004 Annual Report ("AR").

Please be advised that we never received the AR, nor any reminder notices concerning the filing of the AR. Therefore, enclosed is a Corporation Reinstatement form and a check in the amount of \$450.00 for the filing fee.

Thank you for your assistance in this matter.

Sincerely,

RETIREMENT COMMUNITY
SPECIALISTS, INC.

A handwritten signature in black ink, appearing to read "Greg D. Veltman", is written over a horizontal line. The signature is stylized with a large loop at the end.

Greg D. Veltman, President