

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J39304**

1. Corporation Name

SOUTHWOOD CONGREGATE LIVING, INC.

Principal Place of Business

Mailing Address

1152 OLD HAMMOCK ROAD
PORT ORANGE FL 32119
US

202 PLUMOSA ROAD
DEBARY FL 32713

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1986

5. FEI Number

59-2729159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT



800025386118

12/10/03--01022--033 **150.00

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| TD | SHALETT, CHARLES | 505 DELTONA BLVD | DELTONA FL 32725 |
| PD | ADE, RONALD | 202 PLUMOSA ROAD | DEBARY FL 32713 |
| VPD | ADE, ELEANOR | 202 PLUMOSA RD | DEBARY FL 32713 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

SHALETT, CHARLES
505 DELTONA BLVD
SUITE 103-A
DELTONA FL 32725

9. Name and Address of New Registered Agent

Name

John Hagan

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

8001 N. Dale Mabry

Suite, Apt. #, Etc.

Suite 501-1

City

Tampa

State

FL

Zip Code

33614

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-2-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03

Daytime Phone #

CR2040 (7/03)

1152 Old Hammock Road
Port Orange Florida 32119

813-205-2655

SOUTHWOOD CONGREGATE LIVING, INC.

November 28, 2003

Dept. of Corp.
Tallahassee, Florida

Dear Sir/Madam:

We just learned that our corporate renewal papers had not been filed.

We never received the renewal notice. Our former accountants must have received the papers and did not forward them to the facility. We have had many problems such as this after we fired them in April of this year. Thank you for any help you can give us,

Sincerely,



John E. Hagan
Manager

CARE WITH DIGNITY