

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 APR 17 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K00014

1. Corporation Name

Ephram's Adultcare Facility, Inc.

Principal Place of Business

Mailing Address

236 NW 40th Street  
Miami, FL 33127

REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable  
1251 NE 108th Street

Suite, Apt. #, etc.  
#717

City & State

Miami, FL

Zip  
33161

Country

Dade

3. New Mailing Office Address, If Applicable  
1251 NE 108th Street

Suite, Apt. #, etc.  
#717

City & State

Miami, FL

Zip  
33161

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1987

5. FEI Number

26-5562186

Applied For

Not Applicable

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)

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
PTSD	Arlatha Ephram	415 NW 43rd St.	Miami, Florida 33127

100002150691--9  
-04/22/97--01050--010  
\*\*\*1697.50 \*\*\*1697.50

JD 4-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Michael A. Nelson, Esq.

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

1251 NE 108th Street

Suite, Apt. #, Etc.

#717

City

Miami

State

FL

Zip Code

33161

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

*Michael A. Nelson*

REGISTERED AGENT MUST SIGN

Date

April 16, 1997

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:

*Arlatha Ephram*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1997 305-895-8050

Date

Daytime Phone #

CR2E040 (12/96)