

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 21 AM 9:24

DOCUMENT # **K97804**

1. Corporation Name

Senior Care Properties, Inc

2. Principal Office Address

18 N Franklin St

Suite, Apt. #, etc.

3. Mailing Office Address

2234 N Union

Suite, Apt. #, etc.

City & State

Eastpoint, FL

Zip

32328

Country

USA

City & State

Ozark, AL

Zip

36360

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

58-1848507

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

Doris Stewart

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

3126 Thomasville Rd

Suite, Apt. #, Etc.

Doris H. Stewart

City

Tallahassee

State

FL

Zip Code

32302

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

Doris H. Stewart

REGISTERED AGENT MUST SIGN

Date **01-13-03**

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
Pres.	Harold L Stewart	2078 N Union Ave	Ozark, AL, 36360
ST	Debra E Stewart	2078 N Union Ave	Ozark, AL, 36360

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold L Stewart

01-13-03 334-774-0331

Date

Daytime Phone #

CR2E081 (9/01)