

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAR -9 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 100000005236

**1. Corporation Name**

Campus of Care CCRC, Inc.

**2. Principal Office Address**

3805 The Lord's Way

Suite, Apt. #, etc.

**City & State**

Naples, Florida

**Zip**

34114

**Country**

**3. Mailing Office Address**

3805 The Lord's Way

Suite, Apt. #, etc.

**City & State**

Naples, Florida

**Zip**

34114

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 06, 2001

**5. FEI Number**

20-2448221

**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**

James David Mallory

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

6267 Adkins Avenue

Suite, Apt. #, Etc.

**City**

Naples

**State**

FL

**Zip Code**

34112

**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** March 07, 2005

**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	James David Mallory	6267 Adkins Avenue	Naples, Florida 34112
VP	Rebecca Mallory	6267 Adkins Avenue	Naples, Florida 34112
Secty	Ed Cassetty	3805 The Lord's Way	Naples, Florida 34114

**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:**

James David Mallory

March 07, 2005

239-774-1165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (01/05)