

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 OCT 27 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002092

1. Corporation Name

REFLECTIONS ASSISTED LIVING, INC.

Principal Place of Business

1601 WYOMING AVE  
FT PIERCE FL 34982

Mailing Address

1601 WYOMING AVE  
FT PIERCE FL 34982



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

2. New Principal Office Address, If Applicable

2516 S. 19th St

Suite, Apt. #, etc.  
# 1-102

City & State  
Fort Pierce, Florida

Zip  
34982

Country  
USA

3. New Mailing Office Address, If Applicable

2516 S. 19th St

Suite, Apt. #, etc.  
# 1-102

City & State  
Fort Pierce, Florida

Zip  
34982

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/2002

5. FEI Number

65-1137512

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BECKWITH, OPHELIA S	2516 S 19 ST #1-102	FT PIERCE FL 34982
TD	LEE, JANNIFER	1720 TIMBERLAKE DR	FT PIERCE FL 34947
SD	JAMES, ELIZABETH	1098 THE POINTE DR	W PALM BCH FL 33409

10/29

600024104336  
10/27/03--01025--010 \*\*236.25

8. Name and Address of Current Registered Agent

GARMAN, GUY  
4747 HOLLYWOOD BLVD #274  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Ophelia S. Beckwith

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

2516 S. 19th St

Suite, Apt. #, Etc.

# 1-102

City

Fort Pierce

State

FL

Zip Code

34982

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

Ophelia S. Beckwith  
REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

Ophelia S. Beckwith Ophelia S. Beckwith 10/20/03 772 460-9878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)