

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN -4 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006522

1. Corporation Name

Terry's Seniors, Inc.

2. Principal Office Address

10768 Brandon Chase Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32219

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/02

5. FEI Number

16-1625836

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

Christopher D. Davis

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

11438 Skimmer Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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

*Christopher D. Davis*  
REGISTERED AGENT MUST SIGN

Date

1-3-05

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
P/Ch/D	Terry L. Fields	10768 Brandon Chase Drive	Jacksonville, FL 32219
VP/H/D	Christopher D. Davis	11438 Skimmer Ct.	Jacksonville, FL 32225
S/D	Branda Leak	1316 Evergreen Ave.	Jacksonville, FL 32206

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:

*Christopher D. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-3-05 (904) 403-1288

Daytime Phone #

CR2E081 (01/04)