

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009283

1. Corporation Name

FLORIDA SENIOR HOUSING COUNCIL, INC.

Principal Place of Business

Mailing Address

10202 TUCKER JONES ROAD
RIVERVIEW FL 33569
500 Floyd Rd. N.E.
Calhoun, Ga. 30701

10202 TUCKER JONES ROAD
RIVERVIEW FL 33569
500 Floyd Rd. N.E.
Calhoun, Ga. 30701

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



600024458276
11/06/03--01002--008 **61.25

23

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
C, D	Alfred H. Cowley	10202 Tucker Jones Rd	Riverview, FL 33569
D	Gary Light	9310 Huntcliff Trace	Atlanta, Ga. 30043
D	Emil Negru	10202 Tucker Jones Rd	Riverview, FL 33569

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COWLEY, ALFRED
10202 TUCKER JONES ROAD
RIVERVIEW FL 33569

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Alfred H. Cowley

REGISTERED AGENT MUST SIGN

Date

10-31-03

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:

Alfred H. Cowley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-03 404 229-9546

CR20040 (7/03)

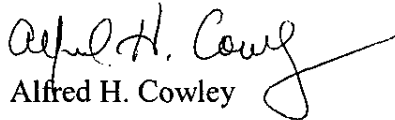
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Florida Senior Housing Council, Inc.
500 Floyd Road NE
Calhoun, Georgia 30701

October 31, 2003

Please be advised that the two UBR notices that were sent from your offices were not received either at my residence in Florida or our new office in Calhoun, Georgia.

Sincerely,


Alfred H. Cowley