

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004683

1. Corporation Name

ADOPT A NURSING HOME AND ASSISTED LIVING FACILITIES, INC.

2. Principal Office Address - No P.O. Box #

233 MAGNOLIA RUN

Suite, Apt. #, etc.

City & State

LAKE ALFRED, FL

Zip

33850

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

100162844311
11/16/09--01030--006 **140.00

CR2E081 (11/09)
REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 05/07/2004

5. FEI Number

20-1107202

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

PROFESSIONAL TAX CONSULTANTS, INC.

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

314 AVENUE C, SE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33880-4147

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Karin G Nelson for
REGISTERED AGENT MUST SIGN

Professional Tax Consultants Inc

Date November 12, 2009

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/D	SCHILLING, BRUCE C	233 MAGNOLIA RUN	LAKE ALFRED, FL
VP/D	BEACH, FRAN	658 SWEETWATER WAY	HAINES CITY, FL
S/D	HUDSON, JUNE	35 CREEK CIRCLE	LAKE ALFRED, FL
T/D	SCHILLING, PAULETTE	233 MAGNOLIA RUN	LAKE ALFRED, FL
D	NELSON, KARIN G	314 AVENUE C, SE	WINTER HAVEN, FL

10. E-mail Address: karin@ptcfl.com

(To be used for future annual report notification)

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. I further certify, 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:

Karin G Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

11/12/09

863-294-5462

Date

Daytime Phone #