

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 17 PM 1:29

DOCUMENT # **N18533**

1. Corporation Name

THE CARING CENTER, INC.

2. Principal Office Address

P.O. Box 492

3. Mailing Office Address

P.O. Box 492

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, Florida

City & State

Palatka, Florida

Zip

Country

32178-0492 Putnam

Zip

Country

32178-0492 Putnam

REINSTATEMENT 98-07

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1986

5. FEI Number

592756333

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

BROWN, MARY L.

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

107 South Ninth Street

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

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

Mary Lawson Brown

REGISTERED AGENT MUST SIGN

Date *2/15/01*

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
PD	BROWN, MARY LAWSON	107 South Ninth Street	Palatka, FL 32177
VD	STEMBLER, WALLACE P.	151 Grandview W.	East Palatka, FL 32131
SD	RABUN, CHARLES	500 Moseley Avenue	Palatka, FL 32177
TD	KIRK, RICK	146 Comfort Road	Palatka, FL 32177

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:

Mary Lawson Brown

Mary Lawson Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01 (904)

Date

Daytime Phone #

325-4543

CR2E081 (9/99)