PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV 12 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000350**

1. Corporation Name

ST. JOSEPH'S COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
3003 W. DR. MARTIN LUTHER KING JR. BLVD.	3003 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607	TAMPA FL 33607
US	US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Attn: Isaac Mallah Suite, Apt. #, etc. 3003 W. Dr. Martin Luther King
City & State	City & State Tampa, FL
Zip / Country	Zip / Country 33607

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/1992

5. FEI Number: 59-3152606 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 A Fee is 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
TD	[redacted] POLO, JANICE	3003 W DR MARTIN LUTHER KING JR	TAMPA FL 33607
PD	MALLAH, ISAAC	3003 W DR MARTIN LUTHER KING JR	TAMPA FL
VP/D	[redacted] AMEY, BRENT	[redacted] 3003 W. Dr. Martin Luther King	[redacted] Tampa, FL 33607
SD	[redacted] Dorsey, Sherm ~~YELVINGTON, FLEURY~~	[redacted] 3003 W. Dr. Martin Luther King	[redacted] Tampa, FL 33607
AS	HILL, CORINA	3003 W. DR. M.L.K. JR. BLVD	TAMPA FL
D	[redacted] AUBIN, MICHAEL	[redacted] 3003 W. Dr. Martin Luther King	TAMPA FL 33607

8. Name and Address of Current Registered Agent

MALLAH, ISAAC
3003 W DR MARTIN LUTHER KING JR BLVD
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name: 100003045961---3
11/16/99 01070 009
*****61.25 *****61.25

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.

Signature of Registered Agent: Isaac Mallah [illegible] Date: 10/25/99

REGISTERED AGENT MUST SIGN

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: Isaac Mallah [illegible] 10/25/99 (813) 870-4305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #