

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000185

FILED
May 16, 2010
Secretary of State

Entity Name: CORY'S CARE FACILITY INC.

Current Principal Place of Business:

1519 WEST 14TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1519 WEST 14TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3370061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORYATT, KENNEDY
1519 WEST 14TH STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

CORYATT, ZENA
1519 WEST 14TH STREET
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ZENA CORYATT

05/16/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXD
Name: CORYATT, ZENA
Address: 1519 W. 14TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: STD
Name: TAYLOR, MICHELLE
Address: 2768 CACTUS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: T
Name: MARK, LENNIE
Address: 3427 LE NEZYK DR.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: SMITH, DAVID
Address: 3249 JUSTINA TERR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: T
Name: HARRIS, DELORES
Address: 1555 W. 25TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZENA CORYATT

EXD

05/16/2010

Electronic Signature of Signing Officer or Director

Date