

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -7 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000006272**

1. Corporation Name

HERITAGE CARE OF SARASOTA, INC.

Principal Place of Business

2750 BAHIA VISTA ST.
SARASOTA FL 34239-2612
US

Mailing Address

16133 VENTURA BLVD
STE 965
ENCINO CA 91436
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1996

5. FEI Number

31-1507046

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
COB	BERTOLINI, ONOFRIO V. Goldstein, Jerold V.	16133 VENTURA BLVD #965	ENCINO CA 91436
S	LIM, VIRGIL	16133 VENTURA BLVD., STE. 965	ENCINO CA 91436
T	LIM, VIRGIL Underwood, Clarke	16133 VENTURA BLVD., STE. 965	ENCINO CA 91436
P	GOLDSTEIN, JEROLD	16133 VENTURA BLVD., STE. 965	ENCINO CA 91436
D	MEDILL, CARY- Underwood, Clarke	2983-DEEP CANYON DR- 16133 Ventura Blvd. #965	BEVERLY HILLS CA 90210- Encino, CA 91436
D	KING, DONALD Lim Virgil	1055 WEST ROSEGRANS 16133 Ventura Blvd. #965	COMPTON CA 90222 Encino, CA 91436

8. Name and Address of Current Registered Agent

~~WESTBROOK, JOANN-~~
% HERITAGE HOUSE OF BRADENTON
1120 33RD AVENUE --
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name
James L. Turner
Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Avenue
Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34236

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/2/00

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 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., all amounts 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jerold V. Goldstein

Date

10/24/00

816-783-4888

KE