PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

N96000006524

1. Corporation Name

DOCUMENT #

STUDENTS FOR COMMUNITY ASSISTANCE REGARDING THE ELDERLY, INC.

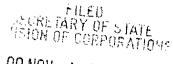
Principal Place of Business

Mailing Address

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

212 BLANDING BOULEVARD ODANCE DADK EL 22072

212 BLANDING BOULEVARD ORANGE PARK EL 32073



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.							4. Date Incorp	orated or Qualified		
								To Do Business in Florida 12/23/1996		
Suite, Apt. #, etc. Suite, Apt. #,				etc.			5. FEI Number	r	Applied For	
City & State City & State								59-3422420	Not Applicable	
							6.	£0.7/		
Zip	Country		Zip		Country		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7 Namas	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonnrol	fit corporations	must list at lea	est 3 directors)			
7. Names	ano Sueel Au	Name of Officers	OI DIRECTOR (1 10	Street Address of Each			h			
Title(s) 1	2	and/or Directors) Offi		ficer and/or Director		City / State / Zip		
PSTD			212 BLANDING BOULEVARD			ORANGE PARK FL 32073				
FOID	STD SAMARA, KARIM			212 BLANDING BOOLEVARD				OTANGE FAMILIE 02070		
	CUALL AND	ANI	722 COMMONWEALTH AVE APT 5-C			· C	BOSTON MA 02215			
D	SHAH, ANJAN			722 COMMONWEALTH AVE APT 5-C			r-U	DOSTOR MA 02213		
	CHARDA D	MALA			184 NAPLES ROAD #4			BROOKLINE MA 02146		
D	CHABRA, RINA									
								1000034696585		
						-11/20/0001020003 ****236,25 ****236,25				
					(K) 11/15					
		- -					1			
							O. Normand Address of New Posistand Agent			
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent			
						DAVID SAMARA				
AKEL, EDWARD C 1 INDEPENDENT DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
					212 BLANDING- RLVD Suite, Apt. #, Etc.					
CONTE ZOUT										
JACKSONVILLE FL 32202						City ORANGE PARK State Zip Code FL 32073				
10 L being	annointed th	e registered agent of the abo	we named corn	nration am t	familiar with ar	nd accent the o	bligations of Sect		320/3	
					- A T T T	ונים וניים וניים	bligations of cost			
Signature of Registered			Date 10-27-0	<i>~</i>						
REGISTERED AGENT MUST SIGN								·		
11 Logrifi	that I am an	officer or director or the recei	ver or trustee e	nnowered to	o evecute this	application as n	provided for in ch	apter 607 or 617, F.S. I further	certify that when filing	
this rei	nstatement ap	plication, the reason for disse	olution has beer	ı eliminated.	, the corporate	name satisfies	the requirements	s of section 607.0401 or 617.04	01, F.S., that all fees	
owed b	y the corporat	ion have been paid and the	names of individ	tuals listed o	on this form do	o not qualify for	an exemption un	der section 119.07(3)(i), F.S. T	ne information indicated	